2014 NEEDS AND ASSETS REPORT

SOUTHEAST MARICOPA REGIONAL PARTNERSHIP COUNCIL

FIRST THINGS FIRST

Ready for School. Set for Life.

Southeast Maricopa Regional Partnership Council

2014

Needs and Assets Report

Prepared by the
Frances McClelland Institute for Children, Youth and Families
John & Doris Norton School of Family and Consumer Sciences
College of Agriculture and Life Sciences
The University of Arizona

Funded by
First Things First Southeast Maricopa Regional Partnership Council

Norton School of Family and Consumer Sciences
College of Agricultural and Life Sciences
The University of Arizona
PO Box 210078
Tucson, AZ 85721-0462
Phone: (520) 621-8739
Fax: (520) 6214979
http://ag.arizona.edu/fcs/

Letter from the Chair

October 29, 2014

Message from the Chair:

The past two years have been rewarding for the First Things First Southeast Maricopa Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, we have touched many lives of young children by increasing access to family support services, healthcare and quality child care.

The 2014 Southeast Maricopa Regional Needs and Assets Report is the fourth in a series of assessments conducted every two years for the First Things First Southeast Maricopa Regional Partnership Council. The assessment provides a snapshot of the current status of children and families in our community. It is a collection of useful data and community information vital to our continued work in building a true integrated early childhood system for our young children and their families.

The Southeast Maricopa Regional Partnership Council would like to thank our Needs and Assets Vendor University of Arizona, the Norton School of Family and Consumer Sciences for their knowledge, expertise and analysis of the Southeast Maricopa region. The new report will help guide our decisions as we move forward for young children and their families within the region.

Going forward, the First Things First Southeast Maricopa Regional Partnership Council is committed to meeting the needs of young children by providing essential services and advocating for change.

Thanks to our dedicated staff, volunteers and community partners, First Things First is making a real difference in the lives of our youngest citizens and throughout the entire State.

Thank you for your continued support.

Sincerely,

Anna David, Chair

Southeast Maricopa Regional Partnership Council

1839 South Alma School Road, Suite 100
Mesa, Arizona 85210
Phone: 602.771.4985
Fax: 480.775.2263

Anna David, Chair

Detza Van Bogaert, Vice Chair

Jamie Breaux

Rev. Abigail Conley

Jack Dillenberg, DDS

Sherreis Moreland

Maggie Pfaffenberger

Christine Scarpati

Dee Tamminen

Report prepared by:

The Frances McClelland Institute for Children, Youth and Families
John & Doris Norton School of Family and Consumer Sciences
College of Agriculture and Life Sciences
The University of Arizona

Introductory Summary and Acknowledgments

The way in which children develop from infancy to well-functioning members of society will always be a critical subject matter. Understanding the processes of early childhood development is crucial to our ability to foster each child's optimal development and thus, in turn, is fundamental to all aspects of wellbeing of our communities, society and the State of Arizona.

This Needs and Assets Report for the Southeast Maricopa Region provides a clear statistical analysis and helps us in understanding the needs, gaps and assets for young children and points to ways in which children and families can be supported. The needs young children and families face are outlined in the executive summary and documented in further detail in the full report.

The First Things First Central Southeast Maricopa Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the region. This report provides basic data points that will aid the Council's decisions and funding allocations; while building a true comprehensive statewide early childhood system.

Acknowledgments:

The First Things First Central Southeast Maricopa Regional Partnership Council owes special gratitude to the agencies and key stakeholders who participated in numerous work sessions and community forums throughout the past two years. The success of First Things First was due, in large measure, to the contributions of numerous individuals who gave their time, skill, support, knowledge and expertise.

To the current and past members of the Southeast Maricopa Regional Partnership Council, your dedication, commitment and extreme passion has guided the work of making a difference in the lives of young children and families within the region. Our continued work will only aid in the direction of building a true comprehensive early childhood system for the betterment of young children within the region and the entire State.

We also want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the American Community Survey, the Homeless Management Information System, the Arizona Criminal Justice Commission, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, the Arizona Health Care Cost Containment System and the Indian Health Service for their contribution of data for this report.

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Executive Summary

The Southeast Maricopa Region is comprised of several communities within the southeastern portion of Maricopa County. The region includes Mesa and Gilbert, as well as the parts of Queen Creek and Apache Junction which lie within Maricopa County. According to U.S. Census data, the Southeast Maricopa Region had a population of 725,976 in 2010, of whom 68,473 (9.4%) were children under the age of six. About 18 percent of households had young children, which is slightly higher than in Maricopa County (17%) and in the state of Arizona overall (16%). There is variability within communities in the region, with highs for the percentage of households with young children in Queen Creek (28%) and Gilbert (22%).

From 2000 to 2010, the number of children under six in the region increased by more than 12,000. The largest growth was in Queen Creek (+382%), followed by Gilbert and Mesa. Birth rate projections suggest a continued increase in the number of young children in the region over the next decade, highlighting the importance of early childhood to residents of the region.

In the Southeast Maricopa Region, 86 percent of children birth to five years of age are living with at least one parent, which is higher than the state (82%). Although the percentage of children ages birth through five living in grandparent-headed households is lower in the region (9%) than in the state (14%), there is variability across the region. In Apache Junction, for example, 20 percent of young children are living with grandparents.

Although the percent of children living in poverty is lower in the region (18%) than the county (27%) and state (25%), there are pockets of higher economic disadvantage in the region including the Maricopa County portion of Apache Junction (36%) and Mesa (25%). These children are likely to particularly benefit from public assistance programs. In 2012, 29 percent of young children in the region were receiving SNAP benefits; however 68 percent in the Maricopa portion of Apache Junction and 39 percent in Mesa were receiving SNAP during the same period.

In general, educational standards and academic achievement appear to be strong in the region. High school completion rates across the region exceed the state (77%), with the exception of Mesa, which falls only slightly lower (76%). In addition, 3rd graders in the region performed better than students county and statewide in both the math and reading AIMS tests. Enrollment in pre-school is also an important indicator of later school success. In the Southeast Maricopa Region, the percentage of three and four year-old children enrolled in early education settings in 2012 (38%) exceeded state levels (34%). However, this estimated percentage ranges throughout the region, with a high of 50 percent in Gilbert and a low of 18 percent in the Maricopa County portion of Apache Junction.

In the Southeast Maricopa Region in 2014, there were 341 regulated child care providers serving 26,446 children, indicating that approximately 39 percent of young children in the

region can be served in regulated early care and learning settings. The region is served by a number of center based and home based providers as well as school-based pre-K programs and Head Start and Early Head Start. While child care for three through five year-olds is more affordable in most Southeast Maricopa communities, infant and toddler care is a financial challenge throughout the region. To help offset these financial challenges, the First Things First Southeast Maricopa Region funds both Quality First scholarships and Quality First pre-kindergarten scholarships.

There are a wide variety of professional development opportunities for early childhood professionals in the Southeast Maricopa Region, including formal degree and certificate programs and professional development workshops. Several campuses of Maricopa Community College offer associates degrees in early childhood studies, Central Arizona College offers a Child Development Associates (CDA) credential and Arizona State University offers several programs in early childhood education and intervention. The region also supports TEACH scholarships and the Professional REWARD$ strategy, which aims to improve the retention of early education professionals by rewarding longevity and progressive education through financial incentives.

Expectant mothers in the region generally receive adequate prenatal care. Specifically, the percentage of women receiving prenatal care in the first trimester, and the number of visits across the entire pregnancy, exceed state averages and Healthy People 2020 recommendations. Birth outcomes in the region are also quite strong, as the percentage of preterm and low birth weight births in the region are lower than state and county averages. Infant mortality rates are also lower in the region than the state or county. In addition, the percentage of births to teen mothers in the region is below state and county levels.

Lack of insurance coverage can be a barrier to receiving health care. The estimated percentage of young children uninsured in the region is equivalent to Arizona (11%), and slightly higher than for Maricopa County overall (10%). Insurance seems to be the biggest challenge in Mesa, where an estimated 18 percent of the total population and an estimated 12 percent of children ages birth through five are uninsured. Mesa also has the highest percentage of children living with foreign-born parents in the region. These parents may be more likely to be out of work or hold jobs without health insurance benefits.

The percentage of students enrolled in special education in the Southeast Maricopa Region is slightly higher than in Arizona schools overall, and quite a bit higher than in Maricopa County schools overall. Three school districts in the Southeast Maricopa Region (Gilbert Unified District, Mesa Unified District, and Queen Creek Unified District) have more than double the percentage of students enrolled in special education than in all Maricopa County schools. The other two school districts in the region, Chandler Unified District #80 and Higley Unified School District, also have a greater proportion of students enrolled in special education (12% each) than in

Maricopa County schools overall. This suggests that there may be a higher number of young children in the region who would benefit from an expansion of special education and/or early intervention services.

The number of children removed from their homes between the ages of birth and five has increased from 2011 to 2013, in the region (+18%), and in Maricopa County and the state (+35% for both). Increases in removals were most pronounced in Apache Junction (32%) and Mesa (37%). Contrary to this pattern, the communities of Queen Creek and Gilbert experienced decreases in the number of children removed by CPS during these years. According to the Arizona Department of Economic Security's Division of Children, Youth and Families, there is a shortage of foster homes in three communities in the region, especially in the Maricopa County portion of Apache Junction and the western portion of Mesa. In Gilbert, the number of foster homes slightly exceeded the number of children removed.

Parental involvement in educational activities with young children helps prepare children to be successful once they start school. The Southeast Maricopa Region funds multiple programs to provide parent education. These programs include a Family Resource Center strategy in partnership with Lutheran Services of the Southwest, and a comprehensive home visitation strategy in coordination with several service providers. Other assets in the Southeast Maricopa Region include good access to health care, well-performing school districts, and high levels of parental involvement.

While the Southeast Maricopa Region faces some challenges to providing comprehensive, high quality early care and education, children's health care, and support for families with young children due to the diversity of its population, the Southeast Maricopa Regional Partnership Council is committed to the ideal that all children in the Southeast Maricopa Region should arrive at kindergarten healthy and ready to succeed. The Council's commitment to system building and system coordination work is helping to move the Southeast Maricopa Region closer to this goal.

Who are the families and children living in the Southeast Maricopa Region?

The Southeast Maricopa Region

The Southeast Maricopa Region is comprised of several communities within the southeastern portion of Maricopa County. The region includes Mesa and Gilbert, as well as the parts of Queen Creek and Apache Junction which lie within Maricopa County. The Southeast Maricopa Region is adjacent to four other First Things First regions: East Maricopa, Pinal, Gila River Indian Community, and Salt River Pima Maricopa Indian Community.

The Four Communities

There are 21 zip code areas assigned to the Southeast Maricopa Region. Thirteen of these correspond roughly to the city of Mesa: 85201 through 85210, 85212, 85213, and 85215. (A small portion of the 85203 zip code lies on the Salt River Reservation, and is not included in the Southeast Maricopa Region.) There are six zip codes which approximate the town of Gilbert: 85233, 85234, 85295, 85296, 85297, and 85298. The 85120 (Apache Junction) and 85142 (Queen Creek) zip codes lie partly in Maricopa County and partly in Pinal County. The Maricopa parts of these two are included in the Southeast Maricopa Region.

In this report, the majority of the data tables will have a row for the entire Southeast Maricopa Region, which is the sum of the 21 zip codes listed above (minus the portions in Pinal County, or on the Salt River Reservation). The next row will present data for Mesa, defined as the sum of the 13 zip codes listed above. (Because these zip codes include unincorporated areas, and because the boundaries of the zip codes do not exactly follow the city limits, the data presented in this report may vary slightly from the official data for the city of Mesa.) The next three rows will present data for Gilbert, Queen Creek, and Apache Junction.

Regional Boundaries and Report Data

First Things First Regional boundaries were established in 2007 according to the following guidelines:

- They should reflect the view of families in terms of where they access services
- They should coincide with existing boundaries or service areas of organizations providing early childhood services
- They maximize the ability to collaborate with service systems and local governments, and facilitate the ability to convene a Regional Partnership Council
- They allow for the collection of demographic and indicator data
- They provide flexibility for Tribal Nations to become their own region, or to partner with one or more Regions in the geographic area.

These guidelines were used to establish the Southeast Maricopa Region. First Things First statutory requirements also include the review of regional boundaries every two years to determine if changes to current boundaries are necessary. Changes may be made in order to improve the delivery of services to families with young children. The First Things First Regional Boundary Review Task Force most recently proposed changes to regional boundaries in 2013, and no changes to the boundaries of the Southeast Maricopa Region were proposed.[1]

Population counts published in the Regional Needs and Assets reports may vary from those provided by First Things First. First Things First's population methodology is based on 2010 Census Blocks while this report uses the 2010 Census Zip Code Tabulation Areas (ZCTAs) to define the region.

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources, and data requested from regional agencies specifically for this report.

The UA Norton School is contractually required to follow First Things First Data Dissemination and Suppression Guidelines. The level of data (community, zip code, etc.) that is presented in this report is therefore driven by these guidelines:

- "For data related to **social service** and **early education** programming, all counts of **fewer than ten**, excluding counts of zero (i.e., all counts of one through nine) are suppressed. Examples of social service and early education programming include: number of children served in an early education or social service program (such as Quality First, TANF, family literacy, etc.)"
- "For data related to **health or developmental delay**, all counts of **fewer than twenty-five**, excluding counts of zero (i.e., all counts of one through twenty-four) are suppressed. Examples of health or developmental delay include: number of children receiving vision, hearing, or developmental delay screening; number of children who are overweight; etc."

-First Things First—Data Dissemination and Suppression Guidelines for Publications

Throughout the report, suppressed counts will appear as either <25 or <10 in data tables, and percentages that could easily be converted to suppressed counts will appear as DS (data suppressed).

Please also note that some data, such as that from the American Community Survey, are estimates that may be less precise for smaller areas.

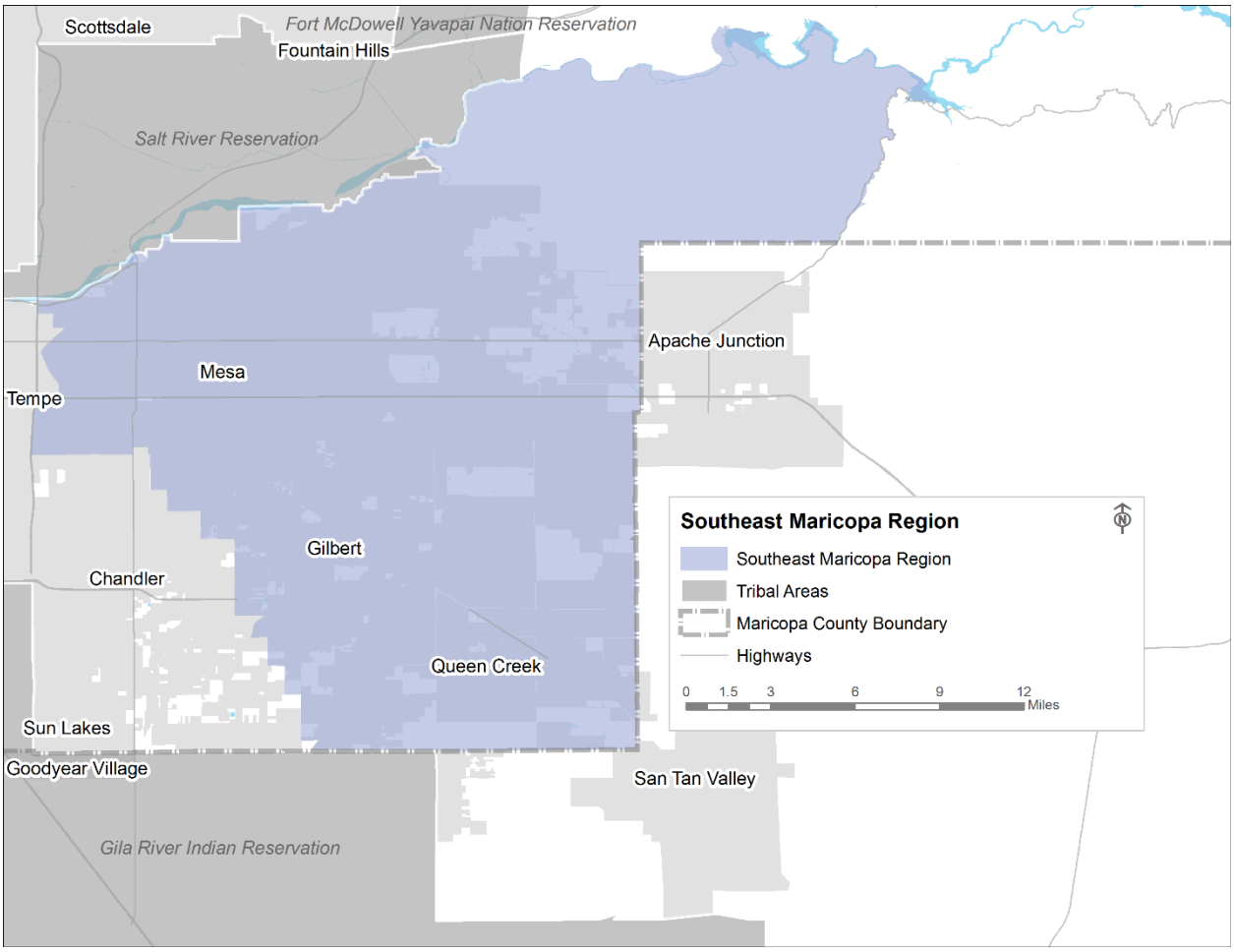
[1] http://www.azftf.gov/boundarytaskforce/Pages/default.aspx

General Population Trends

The following maps illustrate the geography of the Southeast Maricopa Region. Figure 1 provides a geographic overview of the Southeast Maricopa Region.

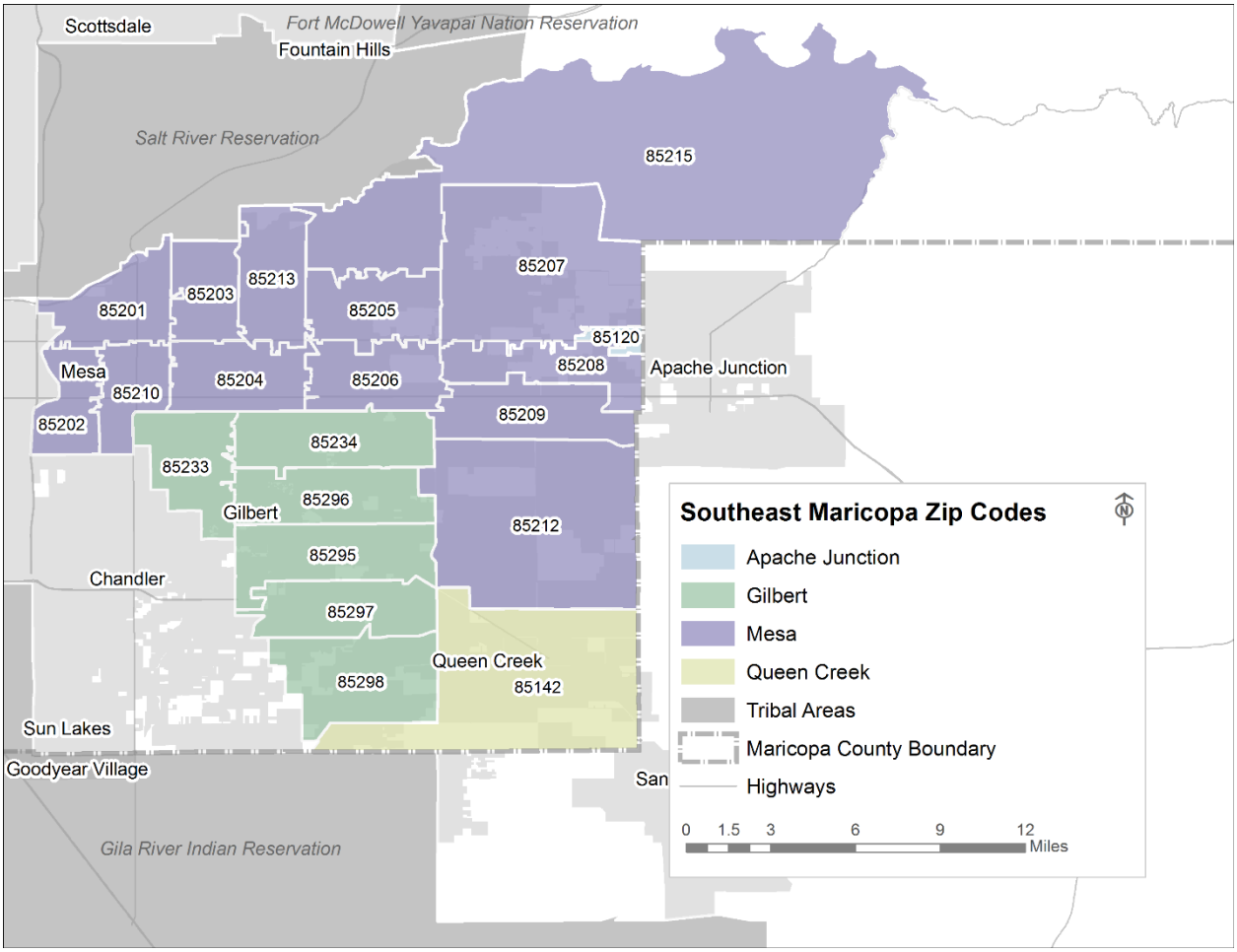
Figure 2 illustrates the zip codes and communities in the Southeast Maricopa Region, and Figure 3 shows the school districts in the region.

Figure 1. The Southeast Maricopa Region



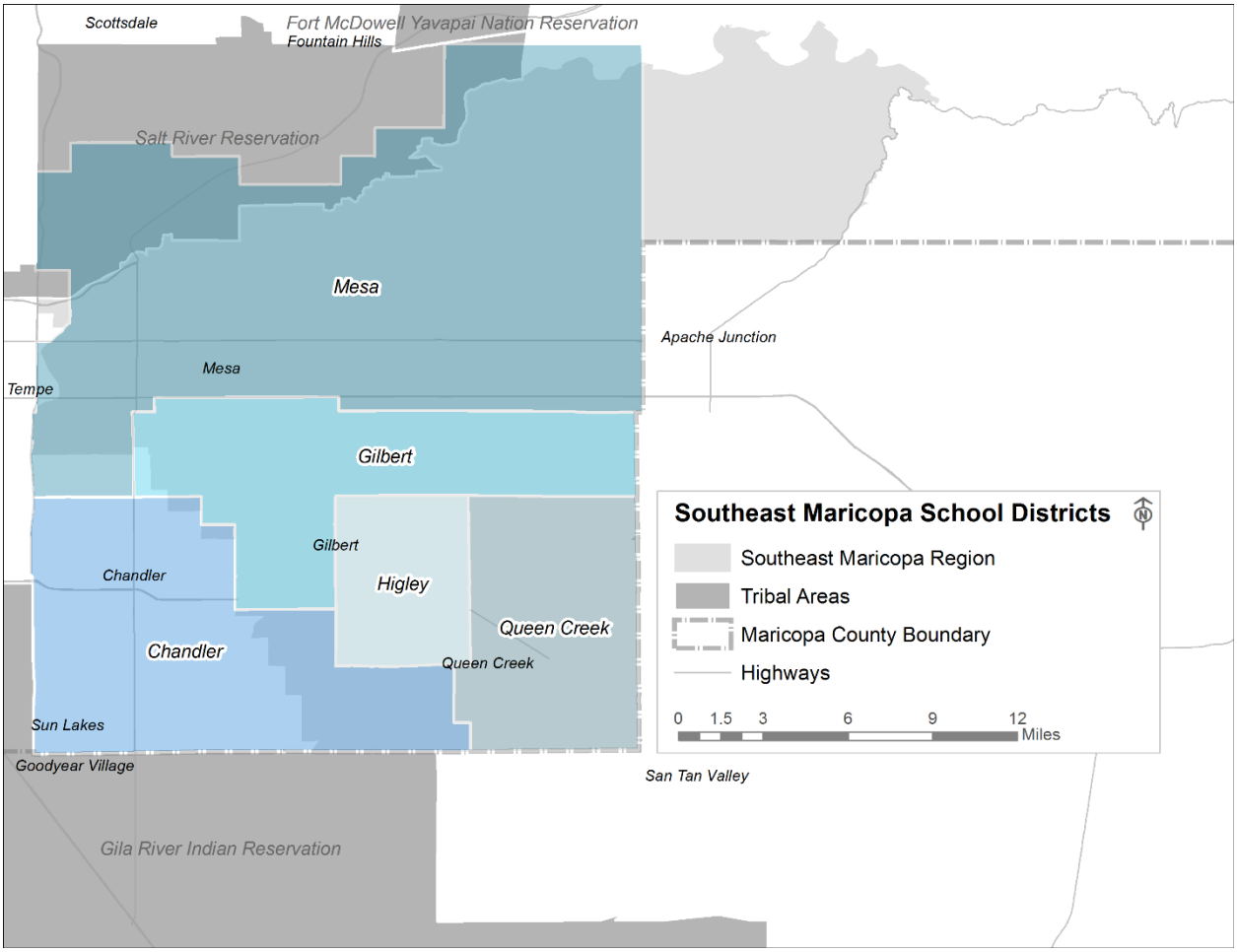
Source: 2010 TIGER/Line Shapefiles prepared by the US Census, 2010

Figure 2. The Southeast Maricopa Region by zip code



Source: 2010 TIGER/Line Shapefiles prepared by the US Census, 2010

Figure 3. School districts in the Southeast Maricopa Region



Source: 2010 TIGER/Line Shapefiles prepared by the US Census, 2010

According to U.S. Census data (U.S. Census Bureau, P1, P14, & P20), the Southeast Maricopa Region had a population of 725,976 in 2010, of whom 68,473 (9.4%) were children under the age of six. The table below lists the 2010 populations for the region, the state, and Maricopa County. Also listed are the number of households (individual housing units) in the region, and the number and percentage of those households in which at least one child under six resides.

Table 1. Population and households by area in the Southeast Maricopa Region[2]

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Southeast Maricopa Region	725,976	68,473	264,411	47,564	18%
Mesa	477,857	42,532	182,583	29,412	16%
Gilbert	211,167	21,817	70,090	15,346	22%
Queen Creek (Maricopa part)	32,379	3,935	9,455	2,671	28%
Apache Junction (Maricopa part)	4,573	189	2,283	135	6%
Maricopa County	3,817,117	339,217	1,411,583	238,955	17%
Arizona	6,392,017	546,609	2,380,990	381,492	16%

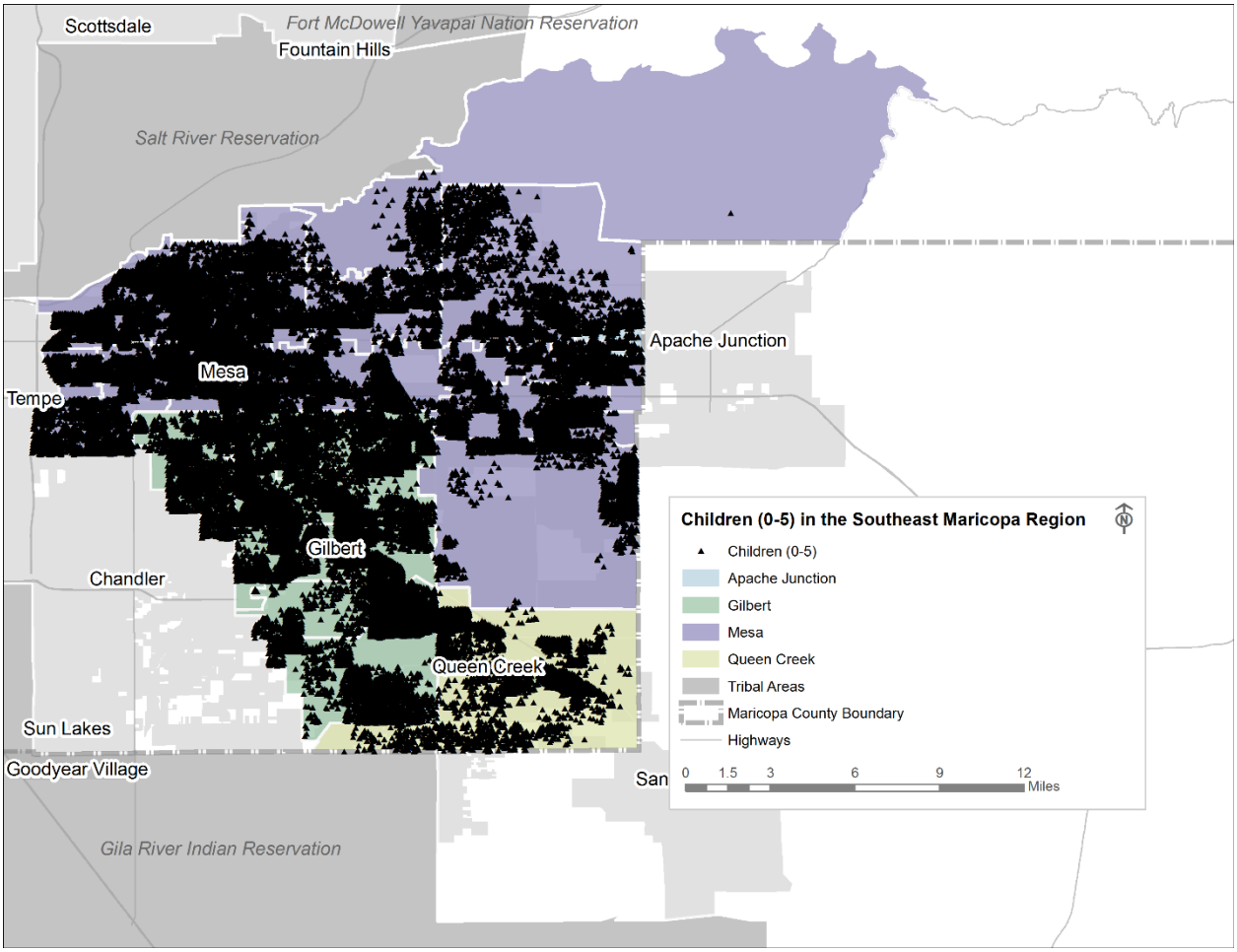
US Census (2010). Tables P1, P14, P20. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

In the Southeast Maricopa Region, about 18 percent of households have young children. This is a slightly higher percentage than in Maricopa County (17%) and in the state of Arizona overall (16%). However, this proportion varies throughout the region. Queen Creek (28%) and Gilbert (22%) are the communities with the greatest proportions of households with young children in the region. Apache Junction has the lowest proportion, at six percent. In Mesa, the most populous community in the region, 16 percent of households have at least one or more children aged birth through five.

Figure 4 shows the geographical distribution of children under six in the region, according to the 2010 U.S. Census. One triangle on the map represents the approximate location of one child under the age of six. The dots do not pinpoint each child's location, but are placed generally in each census block in which a young child was living in 2010. Gray areas in the map are unincorporated in the Southeast Maricopa Region.

[2] The geography in the table above will be used for tables that include Census or American Community Survey Data. We are committed to attempting to provide data at the most regionally-specific level, but please be aware that other data sources may not be available at this level. Some may only be available for larger geographic areas.

Figure 4. Geographic distribution of children under six according to the 2010 Census (by census block)



US Census (2010) Table P14, and 2010 TIGER/Line Shapefiles prepared by the US Census. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Overall, the population of Arizona increased substantially between 2000 and 2010, and the population of young children increased by about one-fifth (see Table 2). The Southeast Maricopa Region experienced a slightly greater overall population increase (29%), and the number of children aged birth through five in the region increased by 21 percent, about the same as the state. Every community in the Southeast Maricopa Region grew between 2000 and 2010. Queen Creek experienced the most remarkable growth, with an increase of 353 percent in total population and an increase of 382 percent in the population of children aged birth through five. Gilbert also grew substantially, with an increase of 80 percent in the overall population, and an increase of 53 percent in the population of children aged birth through five. In Mesa, although the total population grew by 10 percent, the population of young children only increased by 3 percent between 2000 and 2010.

Table 2. Population changes from 2000 and 2010 in the number of children aged 0-5[3]

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
Southeast Maricopa Region	561,013	725,976	+29%	56,515	68,473	+21%
Mesa	432,732	477,857	+10%	41,215	42,532	+3%
Gilbert	117,334	211,167	+80%	14,306	21,817	+53%
Queen Creek (Maricopa part)	7,153	32,379	+353%	817	3,935	+382%
Apache Junction (Maricopa part)	3,794	4,573	+21%	177	189	+7%
Maricopa County	3,072,149	3,817,117	+24%	288,772	339,217	+17%
Arizona	5,130,632	6,392,017	+25%	459,141	546,609	+19%

US Census (2010). Tables P1, P14; US Census (2000). Table QT-P2. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Population projections for Maricopa County and Arizona suggest a trajectory of continued growth in the county and in Arizona overall. Table 3 details overall population projections for Maricopa County and the state. As the population of families with young children continues to increase, the demand for services to support these families is likely to continue to grow.

Table 3. Population projections for Maricopa County and the state

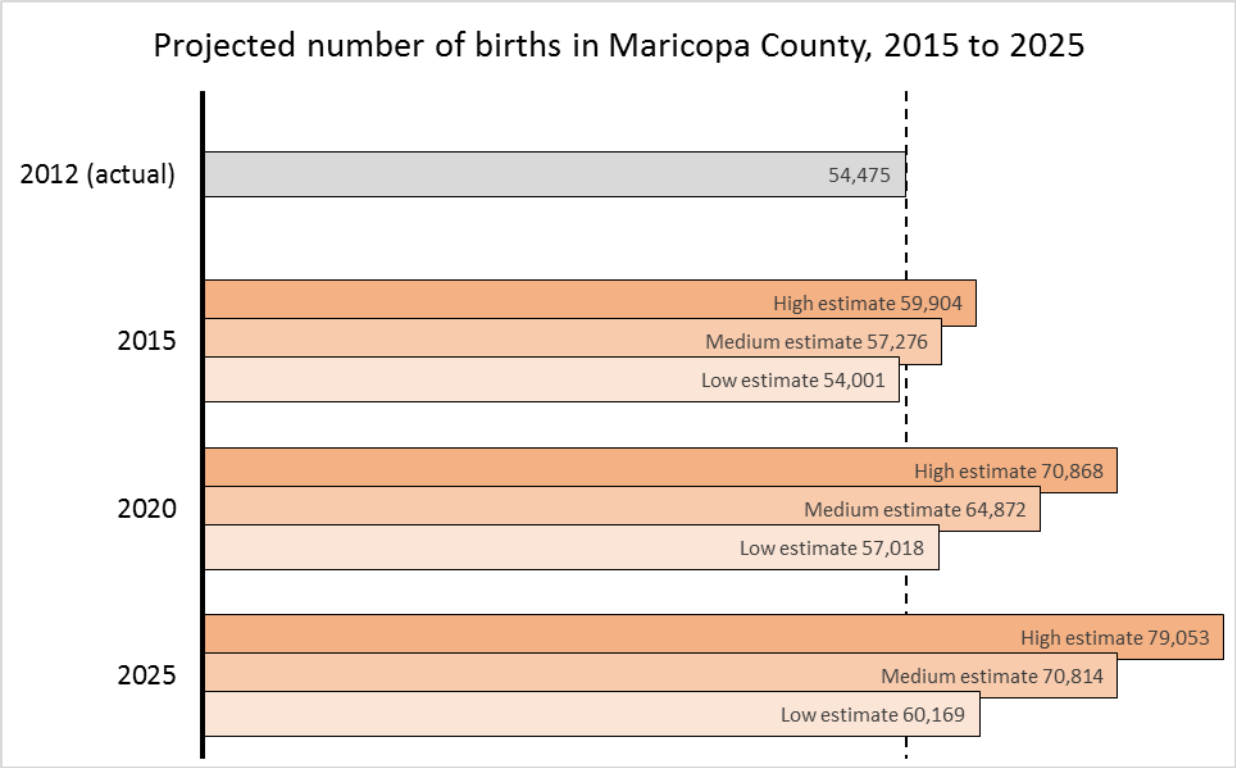
GEOGRAPHY	2010 Census (ages 0-5)	2015		2020		2025	
		Population Projection (ages 0-5)	Projected change from 2010	Population Projection (ages 0-5)	Projected change from 2010	Population Projection (ages 0-5)	Projected change from 2010
Maricopa County	339,217	330,840	-2%	373,696	+10%	412,770	+22%
Arizona	546,609	537,167	-2%	610,422	+12%	672,844	+23%

Arizona Department of Administration, Office of Employment and Population Statistics (December 2012): "2012-2050 State and county population projections (Medium series)"

Birth projections are also available over the next decade. The Arizona Department of Administration (ADOA) produces population projections for the state of Arizona and each of the 15 counties. These projections use estimates of births, deaths, and migration to forecast the population by age, sex, and race-ethnicity over the next few decades. Using alternative assumptions, high and low estimates are calculated, in addition to the baseline (or medium) estimates. As can be seen in the following figure, even the low estimate for birth projection estimates shows an increase in births through 2025 in Maricopa County.

[3] The "Change from 2010 to 2012" column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: Percent Change=(Number in Year 2-Number in Year 1)/(Number in Year 1) ×100

Figure 5. Birth projections for Maricopa County and the state



Arizona Department of Administration, Office of Employment and Population Statistics (December 2012): "2012-2050 State and county population projections"

Additional Population Characteristics

Household Composition

In the Southeast Maricopa Region, about 86 percent of children under six are living with at least one parent, according to 2010 Census data (U.S. Census Bureau, Tables P20 and P32). This is slightly higher than in the state of Arizona overall (82%). The majority of the 14 percent of children in the region not living with their parents are living with other relatives such as grandparents, uncles, or aunts (12%). A greater proportion of young children in the Southeast Maricopa Region are living in married family households (72%) than in Arizona overall (66%). The majority of young children in the region who are not living in a married family household are living in a single female household (19%). Living arrangements for young children in the Southeast Maricopa Region are illustrated by Figure 6 and Figure 7 on the following page.

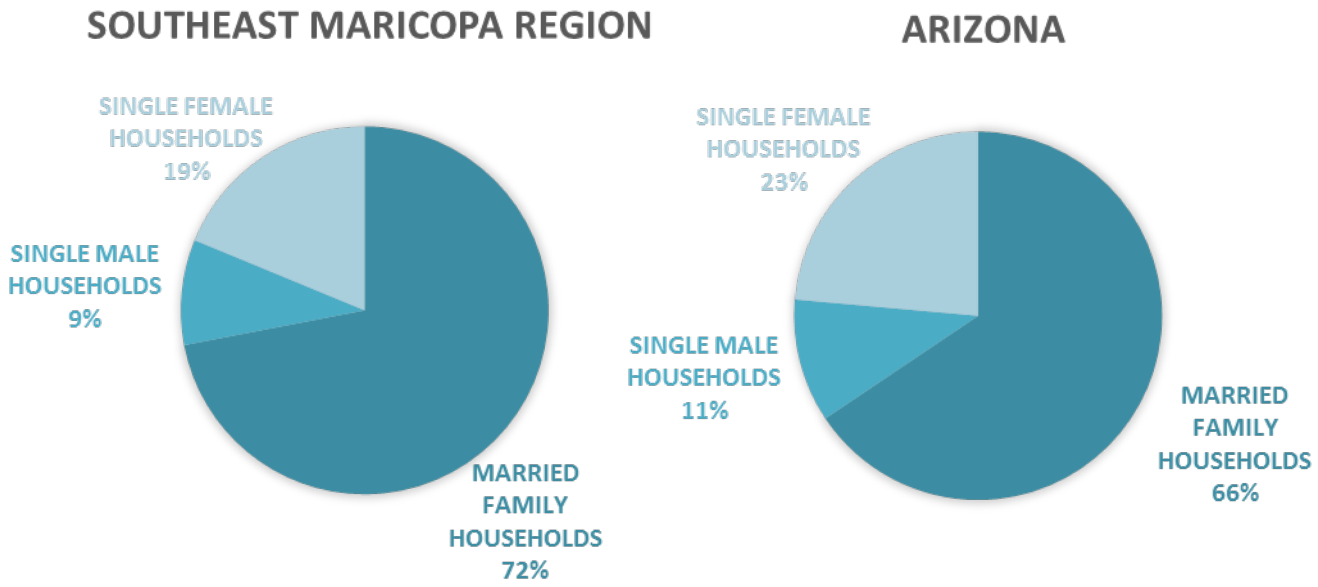


Figure 6. Type of household with children (0-5) in the state and the Southeast Maricopa Region

US Census (2010). Table P20. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

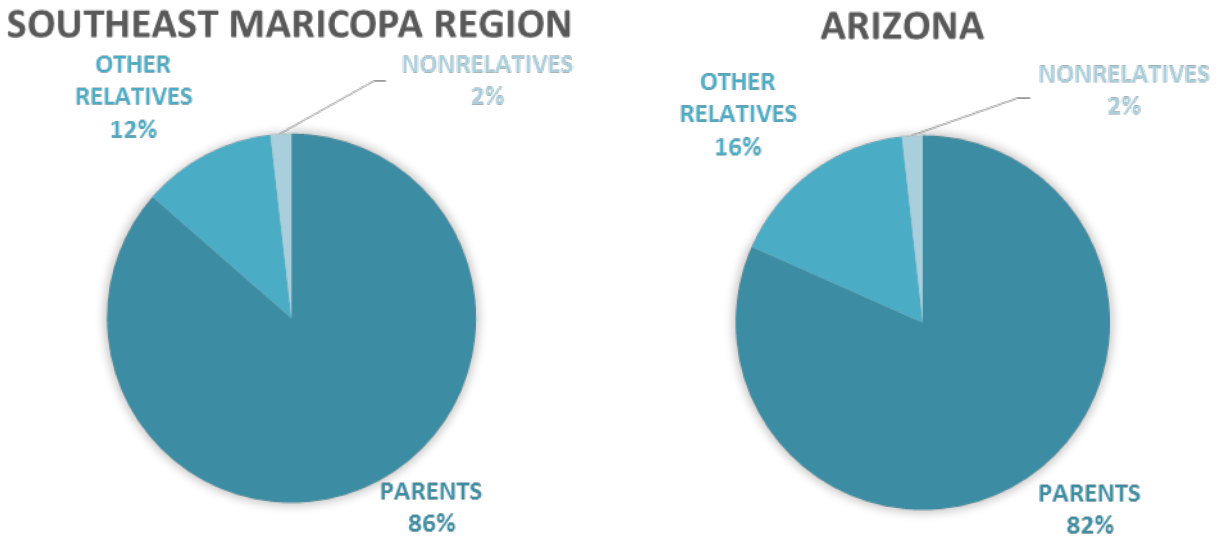


Figure 7. Living arrangements for children in the state and the Southeast Maricopa Region

US Census (2010). Table P32. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

The 2010 Census provides additional information about multi-generational households and children birth through five living in a grandparent's household. Just over 50 percent of

grandparents with a child living in their household are estimated to be the primary caregivers for their grandchildren.[4] In Arizona, over 74,000 children aged birth to five (14%) are living in a grandparent's household. The Arizona Children's Action Alliance reports that in Arizona, approximately 36 percent of grandparents caring for grandchildren under 18 have been doing so for at least five years, and that 21 percent of these grandparents are living in poverty.[5]

Table 4. Number of children living in a grandparent's household by area in the Southeast Maricopa Region

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH 3 OR MORE GENERATIONS	
Southeast Maricopa Region	68,473	6,387	9%	264,411	11,249	4%
Mesa	42,532	4,786	11%	182,583	7,672	4%
Gilbert	21,817	1,239	6%	70,090	2,916	4%
Queen Creek (Maricopa part)	3,935	324	8%	9,455	592	6%
Apache Junction (Maricopa part)	189	38	20%	2,283	70	3%
Maricopa County	339,217	40,250	12%	1,411,583	66,720	5%
Arizona	546,609	74,153	14%	2,380,990	115,549	5%

US Census (2010). Table P41, PCT14. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

In the Southeast Maricopa Region, nine percent of children under six are living in a grandparent's household. This is lower than both the county (12%) and the state (14%). However, this percentage varies throughout the region: in Apache Junction, one fifth (20%) of children aged birth through five are living in a grandparent's household. This suggests the Apache Junction community may benefit from resources designed specifically for grandparents raising their grandchildren—particularly because it is also the community with the lowest percentage of young children, and thus may have fewer early childhood resources and less community awareness around early childhood issues.

Parenting can be a challenge for aging grandparents, whose homes may not be set up for children, who may be unfamiliar with resources for families with young children, and who themselves may be facing health and resource limitations. They also are not likely to have a natural support network for dealing with the issues that arise in raising young children. Often, grandparents take on childraising responsibilities when parents are unable to provide care because of the parent's death, unemployment or underemployment, physical or mental illness,

[4] More U.S. Children Raised by Grandparents. (2012). Population Reference Bureau. Retrieved from http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx

[5] Children's Action Alliance. (2012). *Grandfamilies Fact Sheet.* Phoenix, AZ. Retrieved from http://www.azchildren.org/MyFiles/2012/grandfamilies%20fact%20sheet%20pic%20background.pdf.

substance abuse, incarceration, or because of domestic violence or child neglect in the family.[6] Caring for children who have experienced family trauma can pose an even greater challenge to grandparents, who may be in need of specialized assistance and resources to support their grandchildren.

There is some positive news for grandparents and great-grandparents who are raising their grandchildren through a CPS placement. Starting in February 2014, these families were offered a $75 monthly stipend per child. To qualify, a grandparent or great-grandparent must have an income below 200 percent of the Federal Poverty Level. They also must not be receiving foster care payments or TANF cash assistance for the grandchildren in their care.[7] Those grandparents raising grandchildren not in the CPS system might also be eligible for this stipend in coming months if Arizona Senate Bill 1346 is passed.[8] In addition to this monetary support, a number of programs and services to support grandparents raising their grandchildren are available across the state.[9]

In addition to living with grandparents, some children in the region are living with at least one foreign-born parent. In Arizona, just under one-third of children aged birth through five are living with at least one foreign-born parent. In the Southeast Maricopa Region, about one quarter (24%) of children under six are living with at least one foreign-born parent. This percentage is lower than in Maricopa County (33%) and Arizona overall (29%).

Table 5. Children (0-5) living with one or two foreign-born parents

GEOGRAPHY	2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO FOREIGN-BORN PARENTS
Southeast Maricopa Region	68,473	24%
Mesa	42,532	27%
Gilbert	21,817	19%
Queen Creek (Maricopa part)	3,935	15%
Apache Junction (Maricopa part)	189	20%
Maricopa County	339,217	33%
Arizona	546,609	29%

US Census (2010). Table P14. US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B05009. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

In the Southeast Maricopa Region, the proportion of children living with at least one foreign-born parent is greatest in Mesa (27%).

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[6] More U.S. Children Raised by Grandparents. (2012). Population Reference Bureau. Retrieved from http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx

[7] Children's Action Alliance, January 15, 2014 Legislative Update email.

[8] Children's Action Alliance, February 21, 2014 Legislative Update email.

[9] http://www.aarp.org/content/dam/aarp/relationships/friends-family/grandfacts/grandfacts-arizona.pdf; http://duetaz.org/index.php/services/grandparents-raising-grandchildren/

Race and Ethnicity

According to the U.S. Census, nearly three quarters of adults in the Southeast Maricopa Region are White (72%), and about one fifth (19%) are Hispanic. Three percent of adults are Black, three percent are Asian or Pacific Islander, one percent are American Indian, and an additional one percent identify as "other". The communities which make up the Southeast Maricopa Region show similar patterns for race and ethnicity among adults as seen in the region overall. In Gilbert, six percent of adults are Asian or Pacific Islander, double that for the region overall.

Table 6. Race and ethnicity for adults in the Southeast Maricopa Region

GEOGRAPHY	POPULATION (18 AND OLDER)	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Southeast Maricopa Region	523,188	19%	72%	3%	1%	3%	1%
Mesa	355,474	21%	71%	3%	2%	2%	1%
Gilbert	143,319	13%	75%	3%	1%	6%	2%
Queen Creek (Maricopa part)	20,428	17%	75%	3%	1%	3%	1%
Apache Junction (Maricopa part)	3,967	8%	89%	1%	1%	1%	1%
Maricopa County	2,809,256	25%	64%	4%	1%	4%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

US Census (2010). Table P11. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

There are some differences between race and ethnicity proportions for adults and race and ethnicity proportions for young children in the region. As shown in Table 7 on the following page, in the Southeast Maricopa Region, 54 percent of children are White (compared to 72 percent of adults), and 34 percent are Hispanic or Latino (compared to 19 percent of adults). Notably, in Mesa, the proportion of Hispanic or Latino young children (42%) is double the proportion of Hispanic adults (21%). Racial proportions of adults and young children across the region overall are approximately equivalent (within one or two percentage points) for the other race and ethnicity categories offered by the Census: Black or African American, American Indian, and Asian or Pacific Islander.

Table 7. Race and ethnicity for children ages 0-4[10]

GEOGRAPHY	POPULATION (AGES 0-4)	HISPANIC OR LATINO	WHITE (NOT HISPANIC)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER
Southeast Maricopa Region	56,982	34%	54%	3%	2%	3%
Mesa	35,607	42%	47%	3%	3%	2%
Gilbert	18,003	19%	67%	3%	1%	6%
Queen Creek (Maricopa part)	3,215	22%	69%	3%	1%	2%
Apache Junction (Maricopa part)	157	29%	62%	0%	3%	1%
Maricopa County	282,770	46%	40%	6%	3%	4%
Arizona	455,715	45%	40%	5%	6%	3%

US Census (2010). Table P12B, P12C, P12D, P12E, P12F, P12G, P12H, P12I. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Language Use and Proficiency

Data about English speaking ability provide additional information about the characteristics of the population in the Southeast Maricopa Region. As shown in the table on the following page, the majority of families in the region speak English at home (81%), and most of the remaining families speak Spanish at home (14%). Spanish language use is highest in Mesa, where 17 percent of persons five and older speak Spanish at home.

[10] The number for children ages 0-5 are not readily available from the US Census, but it is likely that the percentage distribution for children 0-4 will be similar to that of children 0-5. The Census Bureau reports the race/ethnicity categories differently for the 0-4 population than they do for adults; therefore, they are reported slightly differently in this report. For adults, Table 6 shows exclusive categories: someone who identifies as Hispanic would only be counted once (as Hispanic), even if the individual also identifies with a race (e.g. Black). For the population 0-4, Table 7 shows non-exclusive categories for races other than white. This means, for instance, that if a child's ethnicity and race are reported as "Black (Hispanic)" he will be counted twice: once as Black and once as Hispanic. For this reason the percentages in the rows do not necessarily add up to 100%. The differences, where they exist at all, are very small.

Table 8. Home language use for individuals aged 5 years and older

GEOGRAPHY	2010 CENSUS POPULATION (5+)	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK A NATIVE NORTH AMERICAN LANGUAGE AT HOME	PERSON (5+) WHO SPEAK ENGLISH LESS THAN "VERY WELL"
Southeast Maricopa Region	677,762	81%	14%	0%	3%
Mesa	449,312	79%	17%	0%	3%
Gilbert	194,858	85%	8%	0%	4%
Queen Creek (Maricopa part)	29,466	85%	12%	0%	2%
Apache Junction (Maricopa part)	4,126	87%	11%	0%	2%
Maricopa County	3,557,419	74%	20%	0%	2%
Arizona	5,955,604	73%	21%	2%	2%

US Census (2010). Table P12. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16001. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Three percent of people in the Southeast Maricopa Region speak English less than “very well”, and this percentage is highest in the Gilbert community (4%). This is a slightly greater percentage than the county and state (2%). However, as shown in Table 9, the percentage of linguistically isolated households across the region is equivalent to or lower than linguistic isolation in Maricopa County and Arizona overall (5%). Households are defined as linguistically isolated if none of the adults (age 14 and older) in the household speak English “very well”. In the Southeast Maricopa Region, Mesa has the greatest proportion of linguistically isolated households (5%).

Table 9. Household home language use

GEOGRAPHY	2010 CENSUS NUMBER OF HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
Southeast Maricopa Region	264,411	21%	4%
Mesa	182,583	21%	5%
Gilbert	70,090	20%	2%
Queen Creek (Maricopa part)	9,455	19%	1%
Apache Junction (Maricopa part)	2,283	12%	2%
Maricopa County	1,411,583	25%	5%
Arizona	2,380,990	27%	5%

US Census (2010). Table P20. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16002. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Note: A “linguistically isolated household” is one in which all adults (14 and older) speak English less than “very well.”

Economic Circumstances

Income and Poverty

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. The Arizona Children's Action Alliance reports that overall in Arizona, disparities in income distribution are increasing rapidly, with Arizona having the second widest income gap between the richest 20 percent and poorest 20 percent of households in the nation. In addition, Arizona ranks fifth in the nation in income inequality between the top income (top 20%) and the middle income (middle 20%) households.[11] The Arizona Directions 2012 report notes that Arizona has the 5th highest child poverty rate in the country.[12] In 2012, more than one out of four children in Arizona was living in poverty (family income below $18,284 for a family of three).[13] The effects on children living in poverty can be felt throughout their lives, including the link between childhood poverty and mental health issues in adulthood. The increased likelihood of exposure to violence, family dysfunction, separation from family, and living in chaotic, crowded and substandard housing all increase the risk of poorer mental health status later in life.[14]

In the Southeast Maricopa Region, 12 percent of the population and 18 percent of children under six are living in poverty. This is lower than in Maricopa County (16% and 25% percent, respectively) and in Arizona (17% and 27% percent, respectively). As shown in Table 10, the percentage of young children living in poverty varies across communities in the Southeast Maricopa Region. In Gilbert and Queen Creek, a relatively low proportion of young children are living in poverty (7%). However, this percentage is much higher in Mesa (25%) and in the Maricopa County portion of Apache Junction (36%). These children are likely to particularly benefit from early education opportunities and family support services.

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[11] Center on Budget and Policy Priorities. *Wide and Growing Income Gaps in Most States, New Report Finds Rich Pulling Away from Low-and Middle-Income Households*. Nov 2012. http://www.cbpp.org/files/11-15-12sfp-pr.pdf

[12] Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy.* Whitsett, A.

[13] The Arizona Children's Action Alliance. *Arizona Shows No Improvement in Child Poverty*. Posted September 20, 2013. http://azchildren.org/arizona-shows-no-improvement-in-child-poverty

[14] Evans, G.W., & Cassells, R.C. (2013). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. Clinical Psychological Science. Published online 1 October 2013. http://cpx.sagepub.com/content/early/2013/09/26/2167702613501496

Table 10. Persons living below the U.S. Census poverty threshold level[15]

GEOGRAPHY	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY
Southeast Maricopa Region	12%	18%
Mesa	15%	25%
Gilbert	6%	7%
Queen Creek (Maricopa part)	7%	7%
Apache Junction (Maricopa part)	19%	36%
Maricopa County	16%	25%
Arizona	17%	27%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B17001. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

In the United States, metropolitan areas have been hardest hit by the recent economic downturn. Most metropolitan regions in the United States ended the 2000-2010 decade with lower median incomes than they began with, despite rising costs of living. At the start of the 2010 decade, cities have continued to show markedly higher rates of poverty than suburbs, although cities and city suburbs have shown increased overall poverty rates by roughly equivalent degrees.[16]

Between 2007 and 2012, while the population of Arizona increased by three percent, the percent of the population living below the Federal Poverty Level grew by 37 percent. In 2012, women in Arizona had a poverty rate of 19.7 percent, compared to 17.6 percent for men. Women are more likely to be living in poverty than men for a number of reasons: 1) they are more likely to be out of the workforce, 2) they are more likely to be in low-paying jobs, and 3) they are more likely to be solely responsible for children. In 2012, 79 percent of low-income single-parent households were headed by women.[17]

The proposed increase in the federal minimum wage would have an effect on a portion of Arizona families, especially those headed by women. A recent study estimated that 21 percent of the Arizona workforce would be affected by increasing the federal minimum wage to $10.10

[15] A child's poverty status is defined as the poverty status of the household in which he or she lives. "Related" means that the child is related to the householder, who may be a parent, stepparent, grandparent, or another relative. In a small proportion of cases in which the child is not related to the householder (e.g., foster children), then the child's poverty status cannot be determined.

[16] Berube, A., & Kneebone, E. (2011). *Parsing U.S. poverty at the metropolitan level.* Retrieved from: http://www.brookings.edu/opinions/2011/0922_metro_poverty_berube_kneebone.aspx.

[17] Castelazo, M. (2014). Supporting Arizona Women's Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs. Report Produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

by July 2016, and this in turn would impact 18 percent of Arizona children (who have at least one of their parents affected by this change).[18]

According to the American Community Survey, the median family annual income in Maricopa County ($64,841) is a bit higher than the median family annual income in Arizona overall ($59,563). As shown in Table 11, median family annual income in the Southeast Maricopa Region varies by community. The median income for all families in Queen Creek ($90,346) and Gilbert ($86,271) is greater than the median income for all families in Maricopa County and Arizona overall. In Mesa, the median income for all families ($59,458) is lower than the county median, but about the same as the state. Single-parent households in the region tend to earn substantially less than husband-wife families, and single male families tend to earn more than single female families. This trend is also seen in Maricopa County and in the state overall.

Table 11. Median family annual income for families with children (0-17)

GEOGRAPHY	MEDIAN FAMILY INCOME			
	ALL FAMILIES	HUSBAND-WIFE FAMILIES	SINGLE MALE FAMILIES	SINGLE FEMALE FAMILIES
Mesa city	$59,458	$72,188	$37,330	$28,396
Gilbert town	$86,271	$97,351	$60,330	$47,085
Queen Creek town	$90,346	$100,870	-	$41,339
Maricopa County	$64,841	$79,098	$38,950	$28,847
Arizona	$59,563	$73,166	$36,844	$26,314

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B19126. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Note: Due to small sample sizes, estimates for single male families in Queen Creek town could not be reliably calculated.

Unemployment and Housing

Parental job loss results in families having fewer resources to meet their regular monthly expenses and support their children's development. This is especially pronounced when the family income was already low before the job loss, the unemployed parent is the only breadwinner in the household, or parental unemployment lasts for a long period of time. Family dynamics can also be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parental behaviors. Parental job loss can also impact children's school performance (i.e. lower test scores, poorer attendance, higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs).[19]

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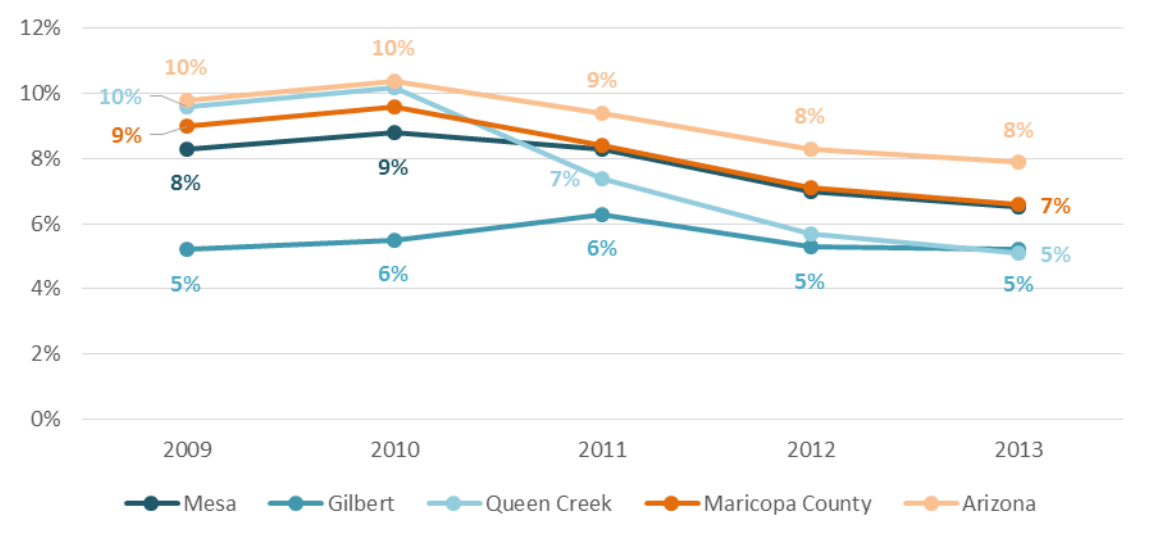
[18] Raising the Federal Minimum Wage to $10.10 Would Lift Wages for Millions and Provide a Modest Economic Boost. Cooper, D. Economic Policy Institute, Briefing Paper #371, December 19, 2013. Retrieved from http://www.epi.org/publication/raising-federal-minimum-wage-to-1010

[19] Isaacs, J. (2013). Unemployment from a child's perspective. Retrieved from http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf

Unemployment rates are therefore an important indicator of regional economic vitality. The figure below depicts annual unemployment rates in Mesa, Gilbert, and Queen Creek (the communities in the region for which these data are available), and compares them to Maricopa County and Arizona unemployment rates between 2009 and 2013. Unemployment rates in Gilbert have been lower and more stable than in the county and state overall. In Queen Creek, unemployment spiked to 10 percent in 2010 (equivalent to the state rate for that year), but has been lower than the state and county rates since 2011. Unemployment rates in Mesa closely mirrored unemployment rates for Maricopa County from 2009-2013, and have consistently been just under the state average.

Figure 8. Annual unemployment rate in select cities, Maricopa County and Arizona, 2009-2013



Arizona Department of Administration, Office of Employment and Population Statistics (2014). Special Unemployment Report, 2009-2014. Retrieved from http://www.workforce.az.gov/local-area-unemployment-statistics.aspx

Table 12 on the following page shows the employment status of parents of young children in the region. In the Southeast Maricopa Region, more than a third (36%) of children living with two parents have both parents in the labor force, a slightly higher percentage than in Maricopa County (33%) and Arizona (32%). Additionally, for a quarter of young children living with a single parent, that parent is in the labor force. Families with both parents in the labor force and single parents who are in the labor force are likely to be in need of affordable child care for their children.

Table 12. Employment status of parents of young children

GEOGRAPHY	US 2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH SINGLE PARENT	
		BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
Southeast Maricopa Region	68,473	36%	33%	1%	25%	5%
Mesa	42,532	32%	29%	2%	30%	7%
Gilbert	21,817	41%	40%	0%	18%	1%
Queen Creek (Maricopa part)	3,935	38%	44%	0%	14%	3%
Apache Junction (Maricopa part)	189	31%	31%	3%	15%	19%
Maricopa County	339,217	33%	29%	1%	27%	9%
Arizona	546,609	32%	29%	1%	28%	10%

US Census (2010). Table P14. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B23008. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Note: "In labor force" includes adults who are employed or looking for employment.

Over the past four years, there have been a total of 509,898 foreclosure filings in Arizona. These foreclosure filings have been trending downward, and have decreased 53 percent from 162,373 filings in 2009 to 76,487 filings in 2012. Arizona has also risen from third worst in the nation for foreclosures in 2012, to sixth in the nation in foreclosures.[20]

In May of 2014, the number of foreclosures across the region varied, as shown in Table 13 on the following page. The number of foreclosures per 1,000 properties was highest in the Maricopa County portion of Queen Creek, where there were foreclosures on more than one out of every 1,000 properties. The region as a whole exceeded the foreclosure rate for Arizona for the month of May, but was slightly below the foreclosure rate for Maricopa County for that month. As an additional indicator, the percent of housing units that are vacant illustrates the percent of housing units that are "not occupied." (Reasons for a home being "not occupied" can include housing units that are for rent, for sale, sold but not occupied, for migrant workers, or used seasonally for recreational or occasional use). As can be seen in the table below, the Maricopa County portion of Apache Junction has a higher proportion of "vacant" houses than both Maricopa County and Arizona overall. Other communities in the region are on par with or below the state and county percentages for this indicator.

[20] Home Matters for Arizona 2013. Arizona Housing Alliance. http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf

Table 13. Foreclosures in Arizona, Maricopa County, and the Southeast Maricopa Region

GEOGRAPHY	NUMBER OF HOUSING UNITS	NUMBER OF FORECLOSURES (MAY 2014)	NUMBER OF FORECLOSURES PER 1,000 PROPERTIES (MAY 2014)	RATIO OF FORECLOSURES TO HOMES FOR SALE (MAY 2014)	PERCENT OF HOUSES THAT ARE VACANT
Southeast Maricopa Region	307,444	3,222	0.761	1.004	14%
Mesa	218,947	2,115	0.726	1.159	16%
Gilbert	74,904	849	0.841	0.711	7%
Queen Creek (Maricopa part)	10,893	228	1.034	1.251	13%
Apache Junction (Maricopa part)	2,700	30	0.301	3.528	29%
Maricopa County	1,636,502	19,504	0.767	0.972	14%
Arizona	2,841,432	30,205	0.657	0.752	17%

RealtyTrac (2014). Arizona Real Estate Trends & Market Info. Retrieved from http://www.realtytrac.com/statsandtrends/foreclosuretrends/az ; US Census (2013). American Community Survey 5-year Estimates, 2008-2012, Tables B25001, B25004. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

In Arizona, about one-third of households are renters. Of these, 270,000 are classified as very low income renters. Over three-quarters, 210,000 (78%) are paying more than the recommended 30 percent of their income in rent, which is considered "housing cost burdened." Eighty percent of very low income renters in Maricopa County are classified as housing-cost burdened renters, which is a comparable rate to the state as a whole.[21]

The percentage of housing units in the Southeast Maricopa Region that have housing problems (36%) and severe housing problems (17%) is slightly below the state (38% and 20%, respectively). The US Department of Housing and Urban Development defines housing units with "housing problems" as housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than one person per room), or housing units for which housing costs exceed 30 percent of income. Housing units with "severe housing problems" consist of housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1.5 person per room), or housing units for which housing costs exceed 50 percent of income. More than one third of housing units in the region, county and state are classified as having housing problems. Housing units with housing problems are further classified as having severe housing problems if they meet the criteria listed above. In the Southeast Maricopa Region, the percentage of housing units with housing and severe housing problems varies by community (see Table 14).

[21] Home Matters for Arizona 2013. Arizona Housing Alliance. http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf

Table 14. Percent of housing units with housing problems

GEOGRAPHY	TOTAL HOUSING UNITS	HOUSING PROBLEMS	SEVERE HOUSING PROBLEMS
Southeast Maricopa Region	258,603	36%	17%
Mesa	183,437	37%	18%
Gilbert	64,284	34%	14%
Queen Creek (Maricopa part)	8,706	43%	17%
Apache Junction (Maricopa part)	2,176	38%	20%
Maricopa County	1,381,933	39%	20%
Arizona	2,326,354	38%	20%

US Department of Housing and Urban Development (2011). CHAS 2008-2010 ACS 3-year average data by place. Retrieved from http://www.huduser.org/portal/datasets/cp/CHAS/data_download_chas.html

Public Assistance Programs

Participation in public assistance programs is an additional indicator of the economic circumstances in the region. Public assistance programs commonly used by families with young children in Arizona include the Supplemental Nutrition Assistance Program (SNAP, formerly known as "food stamps"); Temporary Assistance for Needy Families (TANF, which replaced previous welfare programs); and Women, Infants, and Children (WIC, food and nutrition services).

SNAP

The Supplemental Nutrition Assistance Program, or SNAP, helps to provide low income families in Arizona with food through retailers authorized to participate in the program. According to a U.S. Department of Agriculture Economic Research Service, in 2010, about 20 percent of Arizonans lived in food deserts, defined as living more than a half-mile from a supermarket in urban areas and more than 10 miles in rural areas.[22] Families living in food deserts often use convenience stores in place of grocery stores. New legislation in 2014 could have an effect on what's available in these stores, as they will have to begin stocking "staple foods" (such as bread or cereals, vegetables or fruits, dairy products, and meat, poultry or fish) to continue accepting SNAP.[23]

In the Southeast Maricopa Region, 29 percent of children ages birth through five were receiving SNAP in 2012, a lower proportion than in Maricopa County (38%) and Arizona overall (40%). There is considerable variability across communities in the region in the percentage of children aged birth through five who are receiving SNAP (see Table 15 and Figure 9). SNAP participation is highest in the Maricopa County portion of Apache Junction, where 68 percent of children

[22] http://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas.aspx#.UxitQ4VRKwt

[23] http://cronkitenewsonline.com/2014/02/new-food-stamp-requirements-could-affect-arizona-convenience-stores/

birth through five are receiving SNAP. Thirty-nine percent of children birth through five receive SNAP in Mesa, and SNAP participation is lower in Queen Creek (17%) and Gilbert (11%).

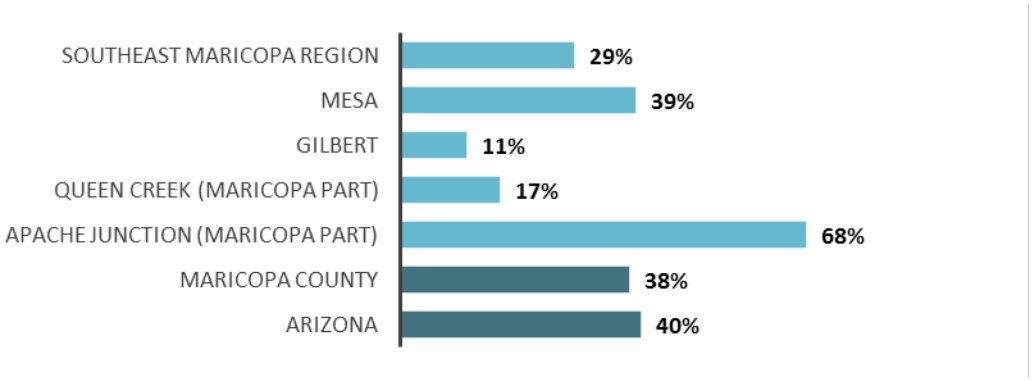
Overall, the number of children aged birth through five in the Southeast Maricopa Region who receive SNAP increased by eight percent between 2010 and 2012 (see Table 15). Young SNAP recipients grew substantially in Queen Creek (an increase of 89% between 2010 and 2012) and in the Maricopa County portion of Apache Junction (an increase of 61% between 2010 and 2012). However, in Maricopa County overall, the number of children participating in SNAP did not increase between 2010 and 2012. This may indicate increased challenges to food security for families with young children in the Southeast Maricopa Region.

Table 15. Children ages 0-5 receiving SNAP (Supplemental Nutrition Assistance Program)

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012
		#	%	#	%	#	%	
Southeast Maricopa Region	68,473	18,570	27%	17,737	26%	19,984	29%	+8%
Mesa	42,532	15,909	37%	14,762	35%	16,763	39%	+5%
Gilbert	21,817	2,233	10%	2,260	10%	2,434	11%	+9%
Queen Creek (Maricopa part)	3,935	349	9%	598	15%	659	17%	+89%
Apache Junction (Maricopa part)	189	79	42%	116	62%	128	68%	+61%
Maricopa County	339,217	129,566	38%	118,639	35%	130,132	38%	+0%
Arizona	546,609	215,837	39%	204,058	37%	219,926	40%	+2%

Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 9. Percentage of children ages 0-5 receiving SNAP in January 2012



Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request

TANF

In contrast to SNAP, the number of children receiving TANF has decreased over the last several years. This is likely due to new eligibility rules and state budget cuts to the program, which have been enacted annually by state lawmakers. In addition, a 2011 rule which takes grandparent income into account has led to a decline in child-only TANF cases, and fiscal year 2012 budget cuts limited the amount of time that families can receive TANF to two years.[24] Over the last decade, federal TANF funds have also been increasingly re-directed from cash assistance, jobs programs and child care assistance to Child Protective Services. Federal cuts to funding to support TANF, including supplemental grants to high growth states, have also been enacted. It is estimated that there will be a deficit in Arizona TANF funds between 10 and 29 million dollars in fiscal year 2014, with a projected increase to 20-39 million dollars in fiscal year 2015.[25]

The table below and the figure on the following page provide a visual representation of the decreasing proportion of households that have and are receiving TANF across the state and region.

Table 16. Children ages 0-5 receiving TANF (Temporary Assistance for Needy Families)

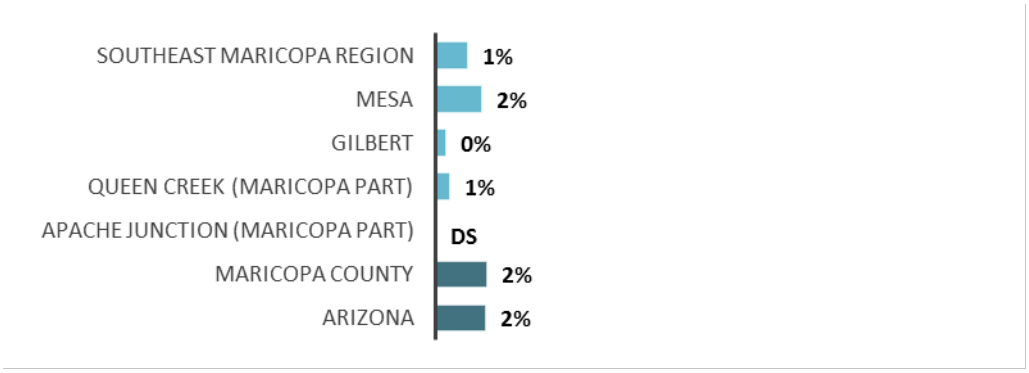
GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012
		#	%	#	%	#	%	
Southeast Maricopa Region	68,473	1,771	3%	953	1%	1,000	1%	-44%
Mesa	42,532	1,572	4%	824	2%	866	2%	-45%
Gilbert	21,817	163	1%	103	0%	105	0%	-36%
Queen Creek (Maricopa part)	3,935	28	1%	21	1%	25	1%	-12%
Apache Junction (Maricopa part)	189	<10	DS	<10	DS	<10	DS	-36%
Maricopa County	339,217	15,452	5%	8,723	3%	7,767	2%	-50%
Arizona	546,609	23,866	4%	13,450	2%	12,358	2%	-48%

Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

[24] Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run.* The Arizona Republic: Phoenix, AZ. Retrieved from http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html

[25] The Arizona Children's Action Alliance. *Growing up Poor in Arizona: State Policy at a Crossroads.* May 2013. http://azchildren.org/wp-content/uploads/2013/06/TANF_report_2013_ForWeb.pdf

Figure 10. Percentage of children ages 0-5 receiving TANF in January 2012



Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

Women, Infants and Children (WIC)

Arizona's WIC program is a federally funded nutrition program which serves income eligible pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. More than half of the pregnant and postpartum women, infants, and children under age five are estimated to be eligible for WIC in Arizona, and in 2011, Arizona WIC served approximately 62 percent of the eligible population. [26] A primary goal of the WIC program has become obesity prevention through the promotion of breastfeeding, healthy eating, and physical activity. Changes to WIC in 2009 may be impacting childhood obesity. In that year, WIC added vouchers for produce and healthier items such as low-fat milk. Studies following the change have shown increases in purchases of whole-grain bread and brown rice[27], and reduced-fat milk[28] and fewer purchases of white bread, whole milk, cheese and juice.[29]

As shown in Figure 11, participation in WIC in Maricopa County between 2010 and 2012 closely mirrored participation in the state overall. In the Southeast Maricopa Region, 24 percent of infants and children aged birth through four years were receiving WIC in 2012, slightly lower than in Maricopa County (30%) and Arizona (29%). WIC participation is highest in Mesa (32%), the community in the region with the greatest number of infants and children aged birth through four (see Table 17).

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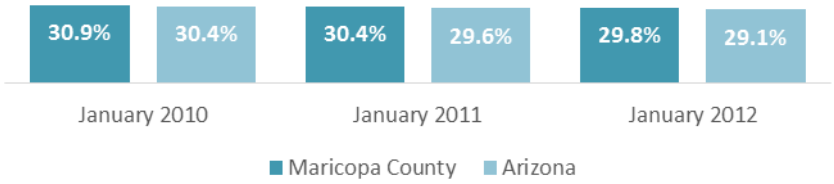
[26] Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

[27] Andreyeva, T. & Luedicke, J. Federal Food Package Revisions Effects on Purchases of Whole-Grain Products. (2013). American Journal of Preventive Medicine, 45(4):422–429

[28] Andreyeva, T., Luedicke, J., Henderson, K. E., & Schwartz, M. B. (2013). The Positive Effects of the Revised Milk and Cheese Allowances in the Special Supplemental Nutrition Program for Women, Infants, and Children. Journal of the academy of nutrition and dietetics, Article in Press. http://www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC_Milk_and_Cheese_Allowances_JAND_11.13.pdf

[29] Andreyeva, T., Luedicke, J., Tripp, A. S., & Henderson, K. E. (2013). Effects of Reduced Juice Allowances in Food Packages for the Women, Infants, and Children Program. Pediatrics, 131(5), 919-927.

Figure 11. WIC participation in Maricopa County and the state (2010-2012)



Arizona Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request

Table 17. WIC participation in the Southeast Maricopa Region

GEOGRAPHY	JANUARY 2011			JANUARY 2012		
	WOMEN	INFANTS AND CHILDREN (0-4)	% INFANTS AND CHILDREN (0-4)	WOMEN	INFANTS AND CHILDREN (0-4)	% INFANTS AND CHILDREN (0-4)
Southeast Maricopa	4,100	13,780	24%	4,134	13,594	24%
Mesa	3,482	11,721	33%	3,525	11,538	32%
Gilbert	509	1,710	9%	500	1,705	9%
Queen Creek (Maricopa part)	98	317	10%	100	321	10%
Apache Junction (Maricopa part)	11	31	19%	9	30	19%
Maricopa County	25,289	85,941	30%	25,648	84,174	30%
Arizona	40,819	134,871	30%	40,780	132,657	29%

Arizona Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request

Free and Reduced Lunch

Free and Reduced Lunch is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. These income criteria are 130 percent of the Federal Poverty Level (FPL) for free lunch, and 185 percent of the FPL for reduced price lunch. The income criteria for the 2014-2015 school year are shown in the table on the following page.

Table 18. Free and reduced lunch eligibility requirements for the 2014-2015 school year

FEDERAL INCOME CHART: 2014-2015 SCHOOL YEAR						
	FREE MEALS – 130%			REDUCED PRICE MEALS – 185%		
Household Size	Yearly Income	Monthly Income	Weekly Income	Yearly Income	Monthly Income	Weekly Income
1	$15,171	$1,265	$292	$21,590	$1,800	$416
2	$20,449	$1,705	$394	$29,101	$2,426	$560
3	$25,727	$2,144	$495	$36,612	$3,051	$705
4	$31,005	$2,584	$597	$44,123	$3,677	$849
5	$36,283	$3,024	$698	$51,634	$4,303	$993
6	$41,561	$3,464	$800	$59,145	$4,929	$1,138
7	$46,839	$3,904	$901	$66,656	$5,555	$1,282
8	$52,117	$4,344	$1,003	$74,167	$6,181	$1,427
Each Additional Person	$5,278	$440	$102	$7,511	$626	$145

http://www.fns.usda.gov/sites/default/files/2014-04788.pdf

As shown in Table 19, free and reduced lunch eligibility in the region varies quite a bit by school district. Eligibility is highest in Mesa Unified District, where 59 percent of students are eligible for free or reduced price lunch. In almost all school districts in the region, at least one quarter of students are eligible for free or reduced price lunch (other than in Higley Unified School District, where eligibility is 22%).

Table 19. Free and reduced lunch eligibility in the region

SCHOOL DISTRICT NAME	PERCENT ELIGIBLE FOR FREE OR REDUCED LUNCH
Chandler Unified District #80	31%
Gilbert Unified District	27%
Higley Unified School District	22%
Mesa Unified District	59%
Queen Creek Unified District	25%

Arizona Department of Education (2014). Percentage of children approved for free or reduced-price lunches, October 2013. Retrieved from http://www.azed.gov/health-nutrition/frpercentages/

On July 1, 2014, all schools in Arizona were eligible for a new provision that allows schools in high-poverty areas to offer nutritious meals through the National School Lunch and School Breakfast Programs to all students at no charge. Called “community eligibility,” this tool will not only enable more children to receive free lunch and breakfast at schools, it also reduces the

paperwork necessary for schools to provide free lunch and breakfast. Schools will now be able to use information they already have access to, such as the number of students in their school who are receiving SNAP or TANF, to demonstrate that their student population is largely made up of children from households with low incomes.[30] Arizona schools could apply for the Community Eligibility Provision between April 1 and June 30, 2014, thru the Arizona Department of Education.[31]

Educational Indicators

A national report released in 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children's educational attainment.[32] More recent reports have illustrated similar concerns: *Quality Counts*, an annual publication of the Education Week Research Center, gave Arizona an overall K-12 education rank of 43 in 2013.[33] A 2013 Census Bureau report indicates that Arizona schools receive less in state funding than most states. In 2011, Arizona schools received about 37 percent of their funding from the state, compared to a national average of about 44 percent. The report also found that Arizona has one of the lowest per-pupil expenditures nationally. Arizona spent $7,666 per pupil in 2011, below the national average of $10,560 for that year. Arizona also spent the lowest amount nationally on school administration in 2011.[34]

New legislation at the federal and state levels has the objective of improving education in Arizona and nationwide. These initiatives are described in the following sections.

Common Core/Early Learning Standards

The Common Core State Standards Initiative is a nationwide initiative which aims to establish consistent education standards across the United States in order to better prepare students for college and the workforce. The initiative is sponsored by the Council of Chief State School Officers (CCSO) and the National Governors Association (NGA). Common Core has two domains of focus: English Language Arts/Literacy (which includes reading, writing, speaking and listening, language, media and technology), and Mathematics (which includes mathematical practice and

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[30] Center on Budget and Policy Priorities (CBPP) and the Food Research and Action Center (FRAC) (2013). Community Eligibility and Making High-Poverty Schools Hunger Free. Retrieved from http://frac.org/pdf/community_eligibility_report_2013.pdf

[31] http://www.azed.gov/health-nutrition/special-assistance-provisions/

[32] Annie E. Casey Foundation. (2012). *Analyzing State Differences in Child Well-being*. O'Hare, W., Mather, M., & Dupuis, G.

[33] Education Week. (2014). *Quality Counts 2013 Highlights*. Retrieved from http://www.edweek.org/media/QualityCounts2013_Release.pdf

[34] Dixon, M. (2013). *Public Education Finances: 2011, Government Division Reports*. Retrieved from http://www2.census.gov/govs/school/11f33pub.pdf.

mathematical content). The initiative provides grade-by-grade standards for grades K-8, and high school student standards (grades 9-12) are aggregated into grade bands of 9-10 and 11-12.

To date, 44 states and the District of Columbia have adopted the Common Core State Standards. Arizona adopted the standards in June of 2010 with the creation of Arizona's College and Career Ready Standards (AZCCRS). A new summative assessment system which reflects AZCCRS will be implemented in the 2014-2015 school year. More information about the Common Core State Standards Initiative can be found at www.corestandards.org, and additional information about AZCCRS can be found at http://www.azed.gov/azccrs.

Move on When Ready

The Arizona Move on When Ready Initiative is a state law (A.R.S. Title 15, Chapter 7, Article 6) and is part of the National Center on Education and the Economy's *Excellence For All* pilot effort. Move on When Ready is a voluntary performance-based high school education model that aims to prepare all high school students for college and the workforce.

Key components of the Move on When Ready model include offering students individualized education pathways; moving away from a "one-size-fits-all" educational approach; and a new performance-based diploma called the Grand Canyon Diploma that can be awarded voluntarily to students. Grand Canyon Diplomas have been available since the 2012-2013 academic year. They can be awarded to high school students who have met the subject area requirements specified by the statute and who also meet college and career qualification scores on a series of exams. After a student earns a Grand Canyon Diploma, he or she can opt to remain in high school, enroll in a full-time career and technical education program, or graduate from high school with the Grand Canyon Diploma and attend a community college.

Schools may participate in Move on When Ready on a voluntary basis. As of April 2014, the Center for the Future of Arizona reported that 38 schools were participating in Move on When Ready. Schools in the Southeast Maricopa Region that participate in the program include Highland High School, Red Mountain High School, and Skyline High School.[35]

Educational Attainment

Several socioeconomic factors are known to impact student achievement, including income disparities, health disparities, and adult educational attainment.[36] Some studies have indicated

[35] Center for the Future of Arizona (2014). *Current Move on When Ready Schools*. Retrieved from http://www.arizonafuture.org/mowr/participating-schools.html.

[36] Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from http://www.aecf.org/~/media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf

that the level of education a parent has attained when a child is in elementary school can predict educational and career success for that child forty years later.[37]

Adults in the Southeast Maricopa Region show slightly higher levels of education than adults in the state of Arizona overall. In the Southeast Maricopa Region, 11 percent of adults over 25 do not have a high school diploma or GED, compared with 15 percent of adults in Arizona overall. Thirty-seven percent of adults over 25 in the Southeast Maricopa Region have some college or professional training, which is slightly higher than the state rate, 34 percent. A slightly greater proportion of adults over 25 in the Southeast Maricopa have a bachelor's degree or more than the state proportion (28% compared to 27%). Table 20 shows a comparison of adult educational achievement across communities in the Southeast Maricopa Region. As shown in Figure 12 on the following page, more than half of all births in the region are to women with more than a high school diploma, and this percentage has increased slightly in the last few years.

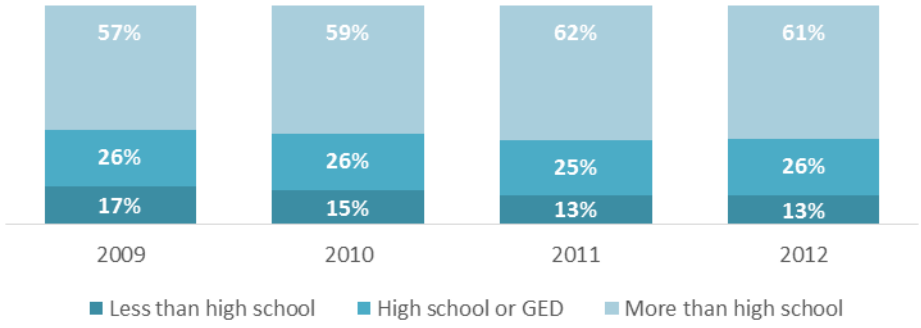
Table 20. Educational achievement of adults

GEOGRAPHY	Adults (ages 25+) without a high school diploma or GED	Adults (ages 25+) with a high school diploma or GED	Adults (ages 25+) with some college or professional training	Adults (ages 25+) with a bachelor's degree or more
Southeast Maricopa Region	11%	25%	37%	28%
Mesa	13%	27%	36%	23%
Gilbert	4%	18%	40%	38%
Queen Creek (Maricopa part)	8%	23%	41%	28%
Apache Junction (Maricopa part)	18%	36%	35%	11%
Maricopa County	14%	23%	34%	29%
Arizona	15%	24%	34%	27%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B15002. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

[37] Merrill, P. Q. (2010). Long-term effects of parents' education on children's educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *NIH Public Manuscript*, Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/

Figure 12. Births by mother's educational achievement in the Southeast Maricopa Region



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Graduation and Drop-out Rates

Living in poverty decreases the likelihood of completing high school: a recent study found that 22 percent of children who have lived in poverty do not graduate from high school, compared with six percent of children who have not lived in poverty. Third grade reading proficiency has also been identified as a predictor of timely high school graduation. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in poverty for at least a year.[38] This underscores the importance of early literacy programming in the early childhood system, especially for low-income families and families living in poverty.

The following table shows the graduation and dropout rates for school districts in the Southeast Maricopa Region. The percentage of students across the state who graduated in four years in 2012 was 77 percent.[39] Mesa Unified School District fell slightly below this rate, graduating 76 percent of its students. All other districts in the Southeast Maricopa Region graduated a higher proportion of their students, with graduation rates ranging between 92 percent (Chandler Unified School District) and 86 percent (Higley Unified School District). Dropout rates are low in all school districts in the region.

[38] Hernandez, D. (2011). Double jeopardy: How third-grade reading skills and poverty influence high school graduation. *The Annie E. Casey Foundation*. Retrieved from http://files.eric.ed.gov/fulltext/ED518818.pdf.

[39] Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from http://www.azed.gov/research-evaluation/graduation-rates

Table 21. High school graduation and drop-out rates in the Southeast Maricopa Region[40]

GEOGRAPHY	PERCENT GRADUATED (2012)	DROPOUT RATES (2012-2013)
Chandler Unified District	92%	1%
Gilbert Unified District	87%	1%
Higley Unified School District	86%	1%
Mesa Unified School District	76%	3%
Queen Creek Unified District	90%	2%
Arizona	77%	4%

Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from http://www.azed.gov/research-evaluation/graduation-rates/; Arizona Department of Education (2014). 2012-2013 Dropout Rates. Retrieved from http://www.azed.gov/research-evaluation/dropout-rate-study-report/

Early Education and School Readiness

The positive impacts of quality early education have been well-documented. Previous research indicates that children who attend high-quality preschools have fewer behavior problems in school later on, are less likely to repeat a grade, are more likely to graduate high school, and have higher test scores.[41] Enrollment in preschool provides children with social, emotional and academic experiences that optimally prepare them for entry into kindergarten. In 2012 in Arizona, two-thirds of children aged three and four were not enrolled in preschool (compared to half of children this age nationally). In 2013, Arizona was ranked 3rd to last nationally in the number of preschool aged children enrolled in preschool.[42] In the Southeast Maricopa Region, the numbers are slightly higher; 38 percent of children ages three and four in the region are estimated to be enrolled in early education settings. However, this estimated percentage ranges throughout the region, with a high of 50 percent in Gilbert and a low of 18 percent in the Maricopa County portion of Apache Junction (see Table 22 on the following page). This is salient, given how many parents in the region are employed (see Table 12).

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[40] Note: The Arizona Department of Education calculates four-year graduation rates according to federal education guidelines. The four-year graduation rate consists of the number of students who graduate with a regular high school diploma within four years divided by the number of students in the cohort of the graduating class. A cohort consists of the number of students who enter 9th grade for the first time, adjusted each year by adding any students who transfer into the cohort and subtracting any students who transfer out of the cohort, emigrate out of the US, or die. (United States Department of Education (2008). High School Graduation Rate: Non-regulatory guidance. Retrieved from http://www.azed.gov/research-evaluation/files/2012/08/grad_rate_guidance.pdf) The drop-out rate is calculated by dividing the number of drop-outs by the number of students currently enrolled in school. Students who are enrolled at any time in the school year but are not enrolled at the end of the school year are counted as drop-outs if they did not transfer to another school, graduate, or die. (Arizona Department of Education (2014). 2012-2013 Dropout Rates. Retrieved from http://www.azed.gov/research-evaluation/dropout-rate-study-report/)

[41] Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from http://www.aecf.org/~/media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf

[42] Children's Action Alliance. Retrieved from http://azchildren.org/wp-content/uploads/2014/01/2013-NAEP-Fact-Sheet-one-sided-version.pdf

Table 22. Children (3-4) enrolled in nursery school, preschool, or kindergarten

GEOGRAPHY	PRESCHOOL-AGE CHILDREN (AGES 3-4)	ESTIMATED PERCENT OF CHILDREN (AGES 3-4) ENROLLED IN NURSERY SCHOOL, PRESCHOOL, OR KINDERGARTEN
Southeast Maricopa Region	23,396	38%
Mesa	14,325	33%
Gilbert	7,580	50%
Queen Creek (Maricopa part)	1,424	34%
Apache Junction (Maricopa part)	67	18%
Maricopa County	115,174	34%
Arizona	185,196	34%

US Census (2010). Table P14. US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B14003. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Arizona reduced funding for kindergarten from full-day to half-day in 2010, and eliminated funds for pre-K programs in 2011. First Things First funds a limited number of preschool scholarships across the state, including $13.7 million for Pre-K Scholarships and $39 million for Quality First Scholarships in FY 2013.[43] More information about scholarship opportunities available in the Southeast Maricopa Region can be found in the *Early Childhood System* section of this report.

First Things First has developed Arizona School Readiness Indicators, which aim to measure and guide progress in building an early education system that prepares Arizona's youngest citizens to succeed in kindergarten and beyond. The Arizona School Readiness Indicators are: children's health (well-child visits, healthy weight, and dental health); family support and literacy (confident families); and child development and early learning (school readiness, quality early education, quality early education for children with special needs, affordability of quality early education, developmental delays identified in kindergarten, and transition from preschool special education to kindergarten).[44]

Standardized Test Scores

The primary in-school performance of current students in the public elementary schools in the state is measured by the Arizona Instrument to Measure Standards (AIMS).[45] The AIMS is required by both state and federal law, and is used to track how well students are performing compared to state standards. Performance on the AIMS directly impacts students' future

[43] The Build Initiative. Arizona State Profile. Retrieved from http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf

[44] First Things First. *Arizona School Readiness Indicators.* Retrieved from: http://www.azftf.gov/Documents/Arizona_School_Readiness_Indicators.pdf

[45] For more information on the AIMS test, see the Arizona Department of Education's Website: http://www.ade.az.gov/AIMS/students.asp

progress in school. As of the 2013-2014 school year, Arizona Revised Statute[46] (also known as *Move on When Reading*) states that a student shall not be promoted from the third grade "if the pupil obtains a score on the reading portion of the Arizona's Instrument to Measure Standards (AIMS) test…that demonstrates that the pupil's reading falls far below the third-grade level." Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. The AIMS A (Arizona Instrument to Measure Standards Alternate) meets federal requirements for assessing students who have significant cognitive disabilities.

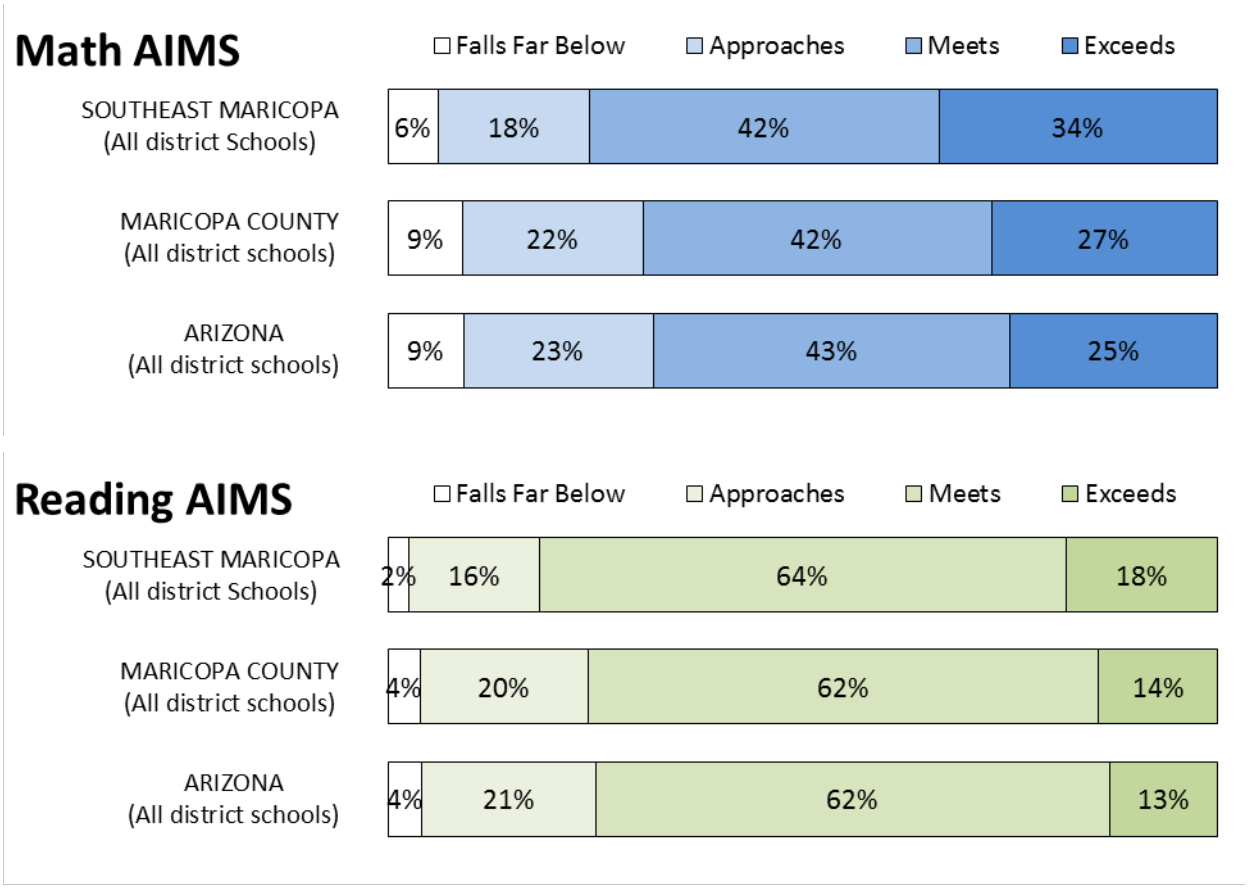
In order for children to be prepared to succeed on tests such as the AIMS, research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children.[47]

As shown in the figure below, a higher proportion of Southeast Maricopa 3rd graders met or exceeded math and reading standards as measured by the AIMS than 3rd graders in Maricopa County and Arizona overall.

[46] A.R.S. §15-701

[47] First Things First. (2012). *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012)

Figure 13. Results of the Arizona Instrument to Measure Standards (AIMS) Test



Arizona Department of Education (2013). AIMS and AIMSA 2013. Retrieved from http://www.azed.gov/research-evaluation/aims-assessment-results/

Table 23 and Table 24 show a breakdown of AIMS scores by school district in the Southeast Maricopa Region. In Maricopa County, 70 percent of all district and charter school 3rd graders passed the AIMS math test in 2013. All school districts in the Southeast Maricopa Region exceeded this rate, with pass rates ranging from 72 percent (Mesa Unified District) to 85 percent (Queen Creek Unified District). A slightly higher proportion of 3rd graders in Maricopa County passed the AIMS reading test in 2013, at 77 percent. All school districts in the Southeast Maricopa Region met or exceeded this, with pass percentages ranging from 77 percent (Mesa Unified District) to 90 percent (Higley Unified School District).

Table 23. Math 3rd grade AIMS results

Local Education Agency (LEA)	Math Percent Falls Far Below	Math Percent Approaches	Math Percent Meets	Math Percent Exceeds	Math Percent Passing
Chandler Unified District #80	4%	15%	43%	37%	80%
Gilbert Unified District	5%	16%	43%	36%	79%
Higley Unified School District	4%	12%	38%	46%	84%
Mesa Unified District	7%	21%	42%	29%	72%
Queen Creek Unified District	4%	11%	42%	43%	85%
All Maricopa County Charter Schools	7%	20%	42%	31%	73%
Maricopa County (All charter and district schools)	9%	22%	42%	28%	70%
Arizona (All charter and district schools)	9%	23%	43%	26%	68%

Arizona Department of Education (2013). AIMS and AIMSA 2013. Retrieved from http://www.azed.gov/research-evaluation/aims-assessment-results/

Table 24. Reading 3rd grade AIMS results

Local Education Agency (LEA)	Reading Percent Falls Far Below	Reading Percent Approaches	Reading Percent Meets	Reading Percent Exceeds	Reading Percent Passing
Chandler Unified District #80	2%	12%	63%	23%	86%
Gilbert Unified District	2%	11%	66%	21%	87%
Higley Unified School District	1%	9%	62%	28%	90%
Mesa Unified District	3%	20%	62%	15%	77%
Queen Creek Unified District	2%	10%	69%	20%	88%
All Maricopa County Charter Schools	2%	16%	66%	16%	82%
Maricopa County (All charter and district schools)	4%	20%	62%	15%	77%
Arizona (All charter and district schools)	4%	21%	62%	13%	75%

Arizona Department of Education (2013). AIMS and AIMSA 2013. Retrieved from http://www.azed.gov/research-evaluation/aims-assessment-results/

A sample of students in grades 4, 8, and 12 also takes the National Assessment of Educational Progress (NAEP), which is a nationally administered measure of academic achievement that allows for comparison to national benchmarks. A 2014 report by the Annie E Casey Foundation highlighted early reading proficiency across the nation using the National Assessment of Educational Progress data. In Arizona, the percentage of fourth graders reading at or above proficient levels increased from 23 percent in 2003 to 28 percent in 2013, compared to a national average of 34 percent in 2013.[48]

[48] Annie E. Casey Foundation. (2014). Early Reading Proficiency in the United States. January 2014. Retrieved from http://www.aecf.org/~/media/Pubs/Initiatives/KIDS%20COUNT/E/EarlyReadingProficiency/EarlyReadingProficiency2014.pdf

Strong disparities exist based on income. Eighty-five percent of low-income fourth graders in Arizona were reading below proficiency, compared to 57 percent of fourth graders from high income households.

Other research shows that five year-olds with lower-income, less-educated parents score more than two years behind their more advantaged peers on standardized language development tests by the time they enter kindergarten. Further, new research posits that this gap in language development begins as early as 18 months of age.[49]

These data reflect not only the need to enhance language development among Arizona's children, but also the need for increased early intervention among the state's poorest children. However, Arizona has decreased or eliminated funding for a number of child-focused programs including full-day kindergarten, Healthy Families, family literacy and the Early Childhood Block Grant. Between 2009 and 2014, Arizona's financial investment in early education is estimated to have fallen from more than $450 million to less than $150 million.[50] The need for strengthening the early childhood system is clear.

[49] Carey, B. (2013). Language gap between rich and poor children begins in infancy, Stanford psychologists find. Retrieved from Stanford News http://news.stanford.edu/news/2013/september/toddler-language-gap-091213.html

[50] Children's Action Alliance. Arizona's Investment in Early Education has Fallen Substantially. Retrieved from http://azchildren.org/wp-content/uploads/2014/01/chart-for-NAEP-enews-story.pdf

The Early Childhood System: Detailed Descriptions of Assets and Needs

Quality and Access

Early Care and Education

Children who take part in high-quality early education programs have better success in school, are less likely to enter the criminal justice system[51] and have better long-term outcomes into adulthood, as seen through higher high school graduation rates, increased employment opportunities and earnings, and lower rates of depression and drug use.[52] Studies of the cost-effectiveness of investing in early education (pre-kindergarten) programs show a substantial return on investment in the long term through increases in economic productivity and decreases in expenses to the criminal justice system.[53]

Center and Home-based Care

In the Southeast Maricopa Region, there are 341 regulated child care providers, according to data provided to First Things First by the Department of Economic Security and Child Care Resource and Referral (CCR&R). The table below shows all but Head Start Centers, which are discussed in a subsequent section of this report. The majority of these providers (234) are ADHS licensed child care centers. One hundred and four are DES certified homes (family child care), and three are nannies or individuals certified by DES. The total licensed capacity for the region is 26,446, which represents capacity for roughly 39 percent of children aged birth through five in the region.

Table 25. Number of early care and education centers and homes and their capacity

GEOGRAPHY	CHILD CARE CENTERS		FAMILY CHILD CARE		NANNY/INDIVIDUAL		TOTAL CAPACITY
	NUMBER	CAPACITY	NUMBER	CAPACITY	NUMBER	CAPACITY	
Southeast Maricopa Region	234	25,865	104	569	3	12	26,446
Mesa	137	14,602	51	272	3	12	14,886
Gilbert	83	10,077	46	251	-	-	10,328
Queen Creek (Maricopa part)	14	1,186	7	46	-	-	1,232
Apache Junction (Maricopa part)	-	-	-	-	-	-	-

[51] Lynch, R. (2007). Enriching Children, Enriching the Nation (Executive Summary). Washington, DC: Economic Policy Institute. Retrieved from http://www.epi.org/content.cfm/book_enriching

[52] The Annie E Casey Foundation. *The first eight years; giving kids a foundation for lifetime success*. (2013). Retrieved from http://www.aecf.org/~/media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf

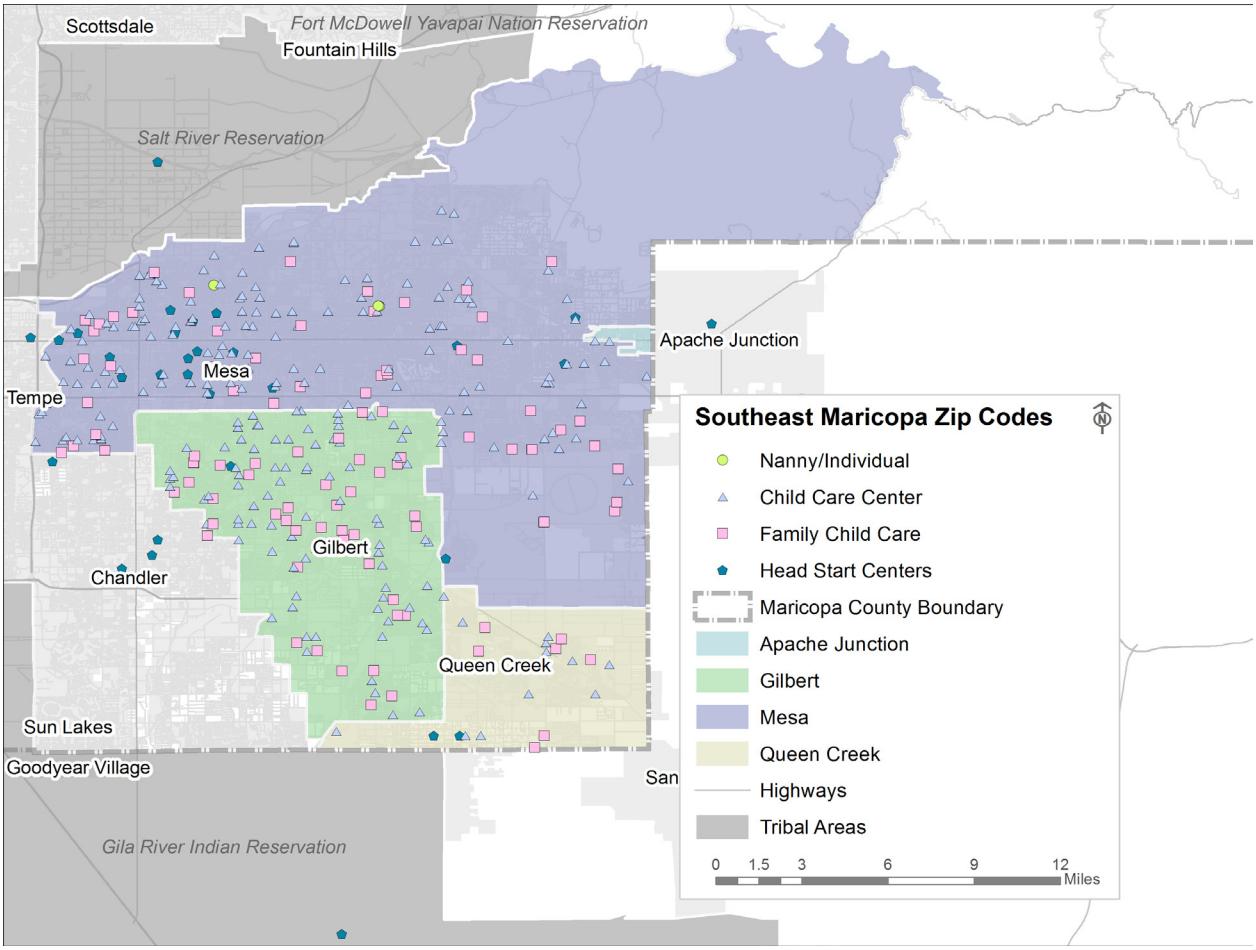
[53] Castelazo, M. (2014). Supporting Arizona Women's Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs. Report Produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

GEOGRAPHY	CHILD CARE CENTERS		FAMILY CHILD CARE		NANNY/INDIVIDUAL		TOTAL CAPACITY
	NUMBER	CAPACITY	NUMBER	CAPACITY	NUMBER	CAPACITY	
Maricopa County	802	97,205	321	1,665	18	72	98,942
Arizona	1,907	113,468	574	3,007	22	88	116,563

Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

The map on the following page illustrates the locations of child care providers by type in the Southeast Maricopa Region, according to data provided to First Things First by the Department of Economic Security and Child Care Resource and Referral (CCR&R). Grey regions in the map are unincorporated into the Southeast Maricopa Region.

Figure 14. Child care providers in the Southeast Maricopa Region



Arizona Department of Economic Security (2014). *[Child Care Resource & Referral Guide]*. Unpublished raw data received from the First Things First State Agency Data Request. 2010 TIGER/Line Shapefiles prepared by the US Census.

Quality First

Quality First, a signature program of First Things First, is a statewide continuous quality improvement and rating system for child care and preschool providers, with a goal to help parents identify quality care settings for their children.

Quality First provides financial and technical support for child care providers to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, TEACH scholarships, child care health consultation, child care scholarships, and financial incentives to assist in making improvements. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on these, a center is given a star rating that ranges from 1-star – where the provider demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements – to 5-star, where providers offer lower ratios and group size, higher staff qualifications, a curriculum aligned with state standards, and nurturing relationships between adults and children.[54] Quality First providers with higher star ratings receive higher financial incentives and less coaching, while those with lower ratings receive more coaching and lower financial incentives.[55] The following table describes the rating scale as defined by First Things First.

[54] First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf (April 2012)

[55] The BUILD Initiative. Arizona State Profile. Retrieved from http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf

Table 26. Quality First Rating Scale

1 Star (Rising Star)	2 Star (Progressing Star)	3 Star (Quality)	4 Star (Quality Plus)	5 Star (Highest Quality)
Demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements.	Demonstrates a commitment to provide environments that are progressing in the ability to foster the health, safety and development of young children.	Demonstrates a level of quality that provides an environment that is healthy and safe with access to developmentally appropriate materials. Curriculum is aligned with state standards. Interactions between adults and children are enhanced. Staff qualifications exceed state regulatory requirements.	Demonstrates a level of quality that provides an environment of developmentally appropriate, culturally sensitive learning experiences. Curriculum is aligned with state standards. Relationships between adults and children are nurturing and promote language development and reasoning skills.	Demonstrates a level of quality that provides an environment of lower ratios/group size and higher staff qualifications that supports significant positive outcomes for young children in preparation for school. Curriculum is aligned with state standards and child assessment. Relationships between adults and children are nurturing and promote emotional, social, and academic development.

According to the Southeast Maricopa Region's funding plan,[56] as of fiscal year 2014, 45 center based providers and nine home based providers participated in Quality First; 429 Quality First scholarships slots for children in the region were funded through First Things First; and 45 center based providers and nine home based providers were served through the child care health consultation component of the Quality First strategy. Additionally, 140 Quality First pre-kindergarten scholarships slots for children in the region were funded.

As of June 2014[57], 54 providers in the Southeast Maricopa Region are participating fully in Quality First, and nine are participating in the rating portion of the program only. Table 27 illustrates the number of young children in the region participating in the Quality First program as of May 30th, 2014.

[56] http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20SE%20Maricopa%20SFY15.pdf

[57] Unpublished data provided by First Things First. Data pulled as of June 20th, 2014.

Table 27. Children enrolled in Quality First programs in the Southeast Maricopa Region by star rating

PROGRAM STAR RATING	CHILDREN ENROLLED (AGES 0-2)	CHILDREN ENROLLED (AGES 3-5)	CHILDREN ENROLLED (SPECIAL NEEDS AND SPECIAL HEALTH NEEDS)
1-2 stars	1,251	1,711	72
3-5 stars	44	249	<25

Unpublished data provided by First Things First. Data pulled as of May 30th, 2014.

Local Education Agency Preschools

The No Child Left Behind Act (NCLB), Title I provides preschool, elementary, and secondary schools with financial assistance in order to assist all children, including educationally disadvantaged children, in meeting the state's academic standards. Title I funding is intended to assist schools in administering supplementary programs, such as those designed to increase parent involvement, additional instructional services, and school wide reform efforts.[58] The U.S. Department of Education encourages the use of these funds to support early childhood education, recognizing that this is an area that often has not had sufficient resources.[59] Three school districts in the Southeast Maricopa Region are utilizing these funds to provide a range of programmatic and support services for young children in the region.

Table 28. Number of Local Education Agency Preschools

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF PRESCHOOL PROGRAMS	PRESCHOOL STUDENTS ENROLLED
Gilbert Unified District	22	639
Mesa Unified District	20	822
Queen Creek Unified District	1	197
All Maricopa County Districts	179	8,433
All Arizona Districts	220	10,063

Arizona Department of Education (2014). October 1 Enrollment 2013-2014. Retrieved from http://www.azed.gov/research-evaluation/arizona-enrollment-figures/

Head Start/Early Head Start

Head Start is a comprehensive early childhood education program for pre-school age children whose families meet income eligibility criteria. Arizona residents not meeting these criteria may still be eligible for Head Start if children and families are: homeless, in foster care, or receive TANF or SSI. Eligibility is determined by Head Start program staff, and some programs enroll a percentage of children from families with incomes above the Poverty Guidelines as well. [60] Head Start addresses a wide range of early childhood needs such as education and child

[58] Arizona Department of Education, 2011. Retrieved from: http://www.ade.az.gov/asd/title1/MissionProgDescription.asp

[59] Using Title I of ESEA for Early Education Retrieved from: http://www.clasp.org/admin/site/publications/files/titleifaq-1.pdf

[60] Arizona Head Start Association. Enrolling your child in Head Start. http://www.azheadstart.org/enrollment.php

development, special education, health services, nutrition, and parent and family development. Early Head Start is a similar program targeted at families with younger children, and Arizona's Early Head Start Programs are targeted at low-income pregnant women and women with children aged birth to three years. Each Early Head Start program determines its own eligibility criteria, although general eligibility criteria are similar to Head Start. The goal of the program is to aid young mothers in being better teachers and caregivers for their children, and to enhance the development of participating children. Both home-based and center-based care are provided by the Early Head Start Program.

There are four agencies of Head Start and Early Head Start in Maricopa County: the city of Phoenix (which primarily serves the Phoenix metropolitan area), the Maricopa County Division of Education Head Start / Early Head Start, Chicanos Por La Causa, and Southwest Human Development (which serves children in the Balsz, Creighton, Madison Park, Osborn, and Paradise Valley School Districts). Catholic Community Services additionally acts as a delegate agency in the West Valley, serving El Mirage, Glendale, Peoria, Surprise, and Wickenburg.

Most children in the Southeast Maricopa region are likely to be served by the Maricopa County Division of Head Start / Early Head Start, or by Chicanos Por La Causa (CPLC).

According to the 2012-2013 Head Start Program Information Report[61] (the most recent data publically available for all Head Start and Early Head Start programs), The Maricopa County Division of Education Head Start / Early Head Start has a total funded enrollment of 1,276 for its Head Start program, including 1,188 center-based program slots and 88 home-based program slots. The Early Head Start Program has a total funded enrollment of 179, including 80 center-based program slots and 99 home-based program slots.

Chicanos Por La Causa (CPLC) offers an Early Head Start Program with two locations in Phoenix and one location in Queen Creek. CPLC's total funded enrollment is 124, which includes 72 center-based program slots and 52 home-based program slots.[62] Data received from CPLC for this report indicate that the CPLC's Queen Creek Early Head Start serves eight children through its center-based program, and 12 children through its home-based program. Although CPLC does not currently offer a Family Child Care enrollment option, it plans to expand these services in the future. Queen Creek is being considered as a location for this expanded service.

Chicanos Por La Causa is also the Arizona Migrant and Seasonal Head Start grantee, with a total funded enrollment of 840 statewide, including 819 center-based program slots and 21 family

[61] 2012-2013 Head Start Program Information Report (PIR). Retrieved from: http://eclkc.ohs.acf.hhs.gov/hslc/data/pir

[62] 2012-2013 Head Start Program Information Report (PIR). Retrieved from: http://eclkc.ohs.acf.hhs.gov/hslc/data/pir

child care program slots. Data received from Chicanos Por La Causa for this report[63] indicate that two communities in Maricopa County were served through the Migrant and Seasonal Head Start Program in the 2012-2013 program year: Dysart (17 toddlers and 61 preschoolers) and Queen Creek (39 preschoolers). In the 2013-2014 program year, these service numbers increased slightly: 21 toddlers and 62 preschoolers were served in Dysart, and 42 preschoolers were served in Queen Creek. In the 2014-2015 program year, CPLC projects serving eight toddlers and 62 preschoolers in Dysart, and 42 preschoolers in Queen Creek.

Cost of Childcare

In Arizona in 2012, the average annual cost of center-based full-time child care for an infant was $8,671, and for a four year old, $7,398.[64] The average cost of a year's tuition and fees at an Arizona public college was only 10 percent more. The costs of childcare increase with more than one child in a household, with the average annual cost for one infant and one four year old at $16,069. Family based providers cost slightly less, with the annual cost for an infant at $6,641 and for a four year old at $6,285. Arizona was ranked 16th in the nation for least-affordable childcare for an infant in a center, and 14th for least affordable for a four year old in a center. At the state level, to pay for center-based child care for a four year old, a family of three at the federal poverty level would spend nearly 40 percent of their annual income, while a family of three at 200 percent of the federal poverty level would spend almost 20 percent of their annual income. The following table shows the average cost of child care in a child care center for children of different ages in Maricopa County. These are estimates for one child in care, so needing child care for multiple children would increase these costs.

Table 29. Cost of early childhood care for one infant (Median cost per day)

GEOGRAPHY	TYPE OF CARE	CHILDREN UNDER 1	CHILDREN 1-2 YEARS OLD	CHILDREN 3-5 YEARS OLD
Maricopa County	Full-time	$ 42.50	$ 39.07	$ 34.00
	Part-time	$ 33.40	$ 31.20	$ 24.50
Arizona	Full-time	$ 41.00	$ 36.98	$ 32.00
	Part-time	$ 32.56	$ 29.00	$ 22.50

Arizona Department of Economic Security (2012). Child Care Market Rate Survey 2012. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/MarketRateSurvey2012.pdf

The Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care. Table 30 shows the average estimated cost of child care in a child care center by percent of median family income in three communities in the

[63] Chicanos Por La Causa. Unpublished Data. Received June 2014.

[64] Child Care Aware® of America. Parents and the High Cost of Child Care. 2013 Report. http://usa.childcareaware.org/sites/default/files/Cost%20of%20Care%202013%20110613.pdf

region, as well as in Maricopa County and the state. As the table shows, residents of Mesa are estimated to exceed the Department of Health and Human Services expenditure recommendation for child care for all age groups. In Gilbert, residents with children under one or between ages one and two are estimated to exceed the recommendation, and in Queen Creek, residents with children under one years old are estimated to exceed the recommendation. Child care for three through five year-olds is more affordable in most Southeast Maricopa Region communities, but infant and toddler care is a financial challenge throughout the region.

Table 30. Cost of full time child care in a child care center by percent of median income[65]

GEOGRAPHY	MEDIAN FAMILY INCOME	CHILDREN UNDER 1	CHILDREN 1-2 YEARS OLD	CHILDREN 3-5 YEARS OLD
Mesa city	$ 59,458.00	17%	16%	14%
Gilbert town	$ 86,271.00	12%	11%	9%
Queen Creek town	$ 90,346.00	11%	10%	9%
Arizona	$ 59,563.00	17%	15%	13%
Maricopa County	$ 64,841.00	16%	14%	13%

US Census (2013). American Community Survey 5-year estimates, 2008-2012. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml; Arizona Department of Economic Security (2012). Child Care Market Rate Survey 2012. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/MarketRateSurvey2012.pdf

It is important to note that the percentages shown above are reflective of families with only one young child in need of full-time care. Families with more than one child under five requiring child care would exceed the Department of Health and Human Services recommendation of spending no more than ten percent of family income on child care by a higher percentage. Moreover, the percentages above were calculated with the average median income for all families. Single parent homes, particularly those with a single female householder, typically have a lower median income in the Southeast Maricopa Region (see Table 11), resulting in a higher cost of child care by percent of median income. Single parent families may also be more likely to need full-time child care than married-couple families, although the percentage of two parent working families in the region is high.

Professional Development

Formal educational attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. According to the 2012 Early Care and Education Workforce Survey, the number of assistant teachers obtaining a credential or degree increased from 21 percent in 2007 to 29 percent in 2012, and the percentage of all teachers

[65] Median Income data is available at the community level, but average cost of child care are available at the state and county levels only. These calculations were made with community-level median income data and county-level data about average child care costs. Child care cost figures assume that child care will be utilized for 240 days per year.

holding a college degree rose from 47 to 50 percent over the same time period. During that same period, however, the wages of assistant teachers, teachers and administrative directors working in licensed early care and education settings across the state decreased when adjusted for inflation. Those working in early care and education settings in Arizona only make about half the annual income of kindergarten and elementary school teachers across the state. [66] It is likely that these issues impact retention and turnover of early care and education professionals across the state.

Scholarships

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their CDA (Child Development Associate) certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers (center or home based), directors, assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA credential or AA degree. A Bachelor's Degree model of the TEACH program is also currently being piloted in one FTF Region. According to the Southeast Maricopa Region's FY 2015 funding plan, [67]as of fiscal year 2014, there were 61 child care professionals in the Southeast Maricopa Region receiving TEACH scholarships to take coursework leading to an associate's degree. Thirty-six of these individuals received TEACH scholarships as part of the statewide Quality First package, and 25 of these scholarships were additional TEACH scholarships funded by the Southeast Maricopa Region.

The Southeast Maricopa Region also funds a First Things First Professional REWARD$ strategy in partnership with Valley of the Sun United Way. This strategy aims to improve the retention of early education professionals by rewarding longevity and progressive education through financial incentives. According to the region's FY 2015 funding plan, at least 199 early education professionals received financial incentives through this strategy in fiscal year 2014.

Opportunities for Professional Development

There are a wide variety of professional development opportunities for early childhood education workers in Maricopa County. Table 31 shows the degree programs proximal to the Southeast Maricopa Region. Additionally, community trainings on topics relevant to early

[66] Arizona Early childhood Development and Health Board (First Things First). (2013). Arizona's Unknown Education Issue: Early Learning Workforce Trends. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/FTF-CCReport.pdf

[67] First Things First (2014). *SFY 2015 Regional Funding Plan: Southeast Maricopa Regional Partnership Council*. Retrieved from http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20SE%20Maricopa%20SFY15.pdf.

childhood education are offered in Mesa and Gilbert by Southwest Human Development and New Directions.[68]

Table 31. Degrees offered at community colleges proximal to the Southeast Maricopa Region

COLLEGE	DEGREE OFFERED
Central Arizona College	A.A.S. and Certificates in Early Childhood Education (Family Childcare, Infant-Toddler, Preschool, and Management specializations offered) CDA in Early Childhood Education
Chandler-Gilbert Community College	A.A.S. in Early Learning and Development Certificate in Child & Family Professional Development M.A.P.P. in Early Learning & Development
Mesa Community College	A.A.S. in Early Childhood Administration and Management A.A.S. in Early Learning and Development C.C.L., Early Care Specialist Academic Certificate, Child and Family Professional Development Academic Certificate, Teaching Second Language Acquisition through STEM
Rio Salado College (online learning program)	A.A.S. Early Childhood Administration and Management A.A.S. Early Learning and Development
Scottsdale Community College	A.A.S in Early Learning and Development
South Mountain Community College	A.A.S. in Early Childhood Development C.C.L. in Early Childhood Development

For more information about available programs, please visit college websites: Central Arizona College: www.centralaz.edu; Chandler-Gilbert Community College: www.cgc.maricopa.edu; Mesa Community College: www.mesacc.edu; Rio Salado College: www.riosalado.edu; Scottsdale Community College: www.scottsdalecc.edu

Additionally, Arizona State University (ASU) offers an Early Childhood and Early Childhood Special Education program through their Bachelor of Arts in Education degree. This program is offered out of ASU's Tempe campus. ASU also offers some online Early Childhood Education programs that can be completed from anywhere, including a MEd in Early Childhood Education. Graduate certificates in Autism Spectrum Disorders and Applied Behavior Analysis are also offered online through ASU's Mary Lou Fulton Teachers College.[69]

[68] Child Care Resource and Referral (2014). *Early Childhood Quarterly.* Retrieved from http://www.arizonachildcare.org/pdf/quarterly.pdf

[69] Retrieved June 2014 from http://www.asu.edu and http://www.asuonline.edu

Health

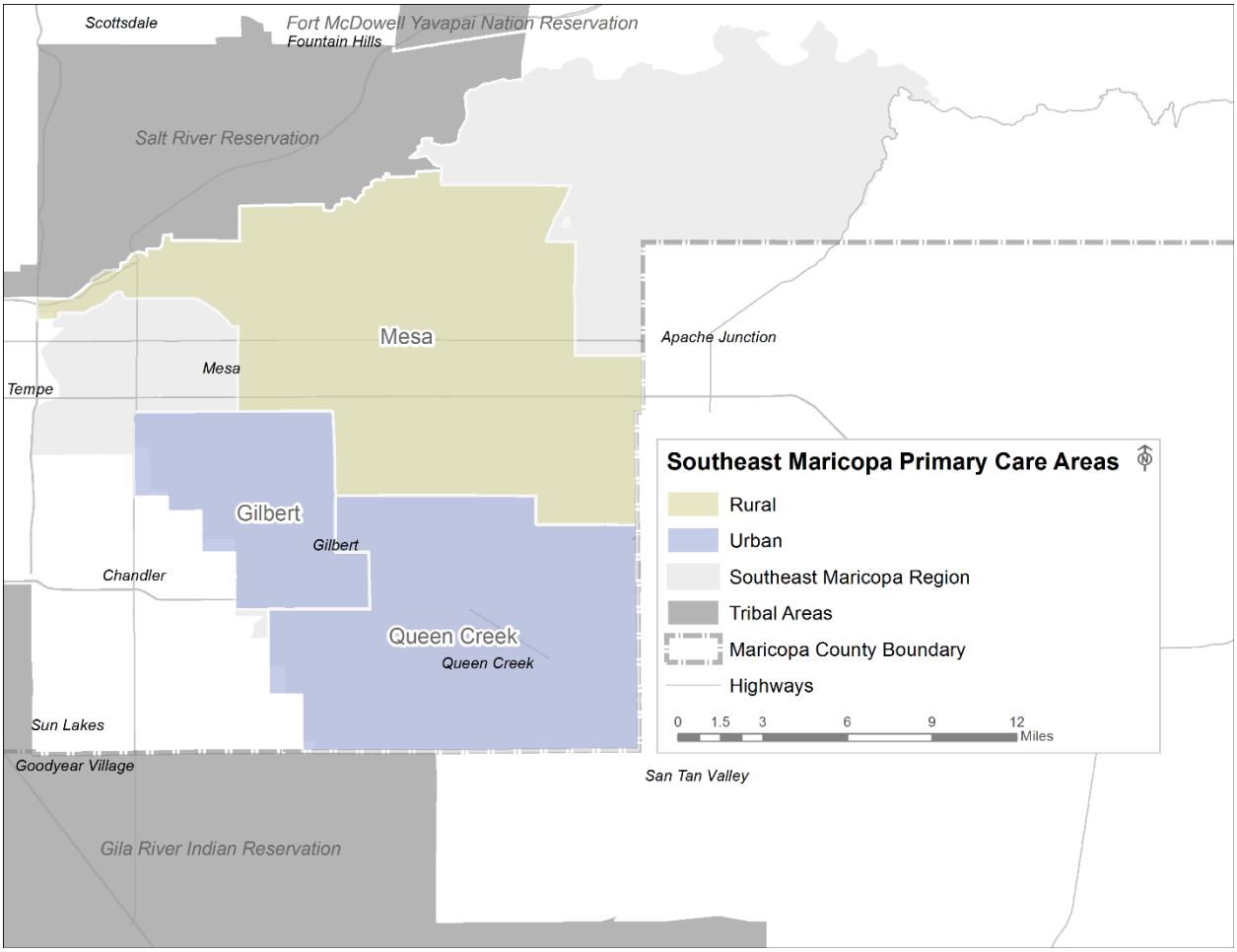
Access to Care

The Arizona Department of Health Primary Care Area Program designates Primary Care Areas (PCAs) as geographically based areas in which most residents seek primary medical care within the same places. [70] The labels for the Primary Care Areas are drawn from the major population centers for those areas. There are three Primary Care Areas within the region: Mesa, Gilbert, and Queen Creek. The figure on the following page shows a map of the Southeast Maricopa Region's PCAs. Queen Creek and Gilbert are both designated by ADHS as urban Primary Care Areas, and Mesa is designated as rural. [71]

[70] Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care Area and Special Area Statistical profiles. Bureau of Health Systems Development.

[71] Primary Care Areas can receive one of four designations: Urban, Rural, Frontier or Indian. Urban Primary Care Areas are PCAs in counties with a population greater than 400,000 and where the Census County Division (CCD) population is greater than or equal to 50,000. Rural Primary Care Areas are those which a) do not meet the criteria for Frontier and b) are in counties with a population less than 400,000, or where the county population is above 400,000 but the CCD population is less than 50,000. Frontier Primary Care Areas are those with fewer than 6 persons per square mile for the latest population estimates. Tribal Primary Care Areas are Primary Care Areas on tribal lands. A Census County Division (CCD) is a relatively permanent subdivision of a county made by the Census Bureau for statistical purposes.

Figure 15. Primary Care Areas (PCA) in the Southeast Maricopa Region



Source: Arizona Department of Health Services (2014). Arizona ArcMap files: PCAs. Retrieved from http://www.azdhs.gov/hsd/data/data.htm

Medically Underserved Areas and Populations (MUAs and MUPs) are federally designated areas or populations that have a need for medical services based on: too few primary care providers; high infant mortality; high poverty; and/or high elderly population. Groups designated as an MUP include those with economic barriers such as being largely low-income or Medicaid-eligible populations, or those with culture and/or linguistic access barriers to primary care services. With 36 MUAs and 10 MUPs in Arizona, each of Arizona's 15 counties has some areas designated as medically underserved areas or population.[72]

The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) and Health Professional Shortage Areas (HPSAs) in order to identify portions of the state that may have inadequate access to health care. Each PCA is given a score based on 14 weighted items including points given for: ambulatory sensitive conditions;

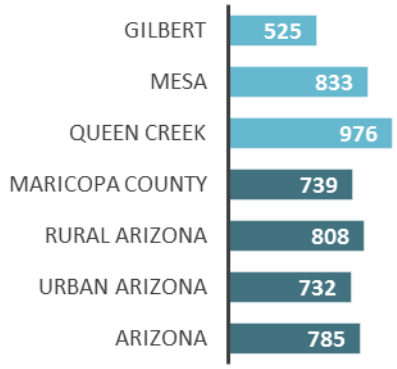
[72] Arizona State Health Assessment, December 2013. Arizona Department of Health Services. http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf

population ratio; transportation score; percentage of population below poverty; percentage of uninsured births; low birth weight births; prenatal care; percentage of death before the U.S. birth life expectancy; infant mortality rate; and percent minorities, elderly, and unemployed. As of April 2013 (the most recent year for which data are available), Apache Junction is designated as a HPSA on the basis of geography[73], and this community is also designated as a Federal Medically Underserved Area.[74]

A new priority for the State Title V priorities for 2011-2016 for Arizona's maternal and child health population is to improve access to and quality of preventive health services for children. According to a 2013 report, Arizona may have increasing capacity to provide preventive health services for children ages birth though five years through funding from First Things First, and through potential funding for home visiting programs through the Affordable Care Act.[75]

Figure 16 shows the ratio of the population to primary care providers in the region by PCA. The ratio of the population to the number of primary care providers can be used as an indicator of the healthcare infrastructure within the region. In Arizona as a whole, the ratio of residents to the primary care providers is about 785:1; in Maricopa County, this ratio is slightly lower, 739:1. Mesa and Queen Creek both have higher ratios of population to primary care providers than the county and state, although neither PCA is classified as a Health Professional Shortage Area. In Gilbert, this ratio is quite a bit lower than the state and county, at 525:1.

Figure 16. Ratio of population to primary care providers



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from http://www.azdhs.gov/hsd/data/profiles/primary-care/

[73] Arizona Department of Health Services (2013). Arizona Medically Underserved Areas. http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/AZMUA.pdf

[74] Arizona Department of Health Services (2013). Federal Medically Underserved Areas. Retrieved from http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/Federal_MUA.pdf

[75] Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf

There are a number of family primary care practitioners and pediatricians in the Southeast Maricopa Region. In Mesa, medical practices serving families include the Mesa Family Medical Center[76] (which serves patients of all ages, including newborns); the Mountain Vista Medical Center[77] (a primary care practice which offers childbirth classes and maternity care, including labor and delivery care and postpartum care); the East Valley Family Medical Center[78] (which offers family care, including well-child checks); and Adelante Health Care[79] (which offers family, pediatric and women's health services, including OB/GYN and family dental services, as well as WIC and nutrition services). Five Banner Children's Health Clinics[80] are available in Mesa, offering services for children including well-child visits, developmental screenings, and asthma management services. The Maricopa Integrated Health System operates family health centers in several locations throughout Maricopa County, including one in Mesa.[81] This center provides primary care for adults and children, dental care, pharmacy services, and radiology. Pediatric, internal medicine, and OB/GYN services are also offered.

Additionally, there are several hospitals in Mesa that offer both inpatient and outpatient services, including emergency pediatric care. The Banner Baywood Medical Center is a 342-bed hospital with 750 physicians, and offers a range of emergency services, outpatient services, and women's health and maternity services.[82] The Banner Desert Medical Center[83], also located in Mesa, is a 459-bed non-profit hospital offering both inpatient and outpatient services including maternity services and emergency care. The hospital includes the Cardon Children's Medical Center, which contains 206 pediatric beds. Cardon Children's Medical Center[84] contains an NICU, pediatric emergency department, pediatric operating rooms, a pediatric radiology department, a pediatric rehabilitation department, a pediatric cancer and blood disorder unit,

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[76] http://mesafamily.com/

[77] http://www.mvmedicalcenter.com/

[78] http://eastvalleyfamilymedical.com/services.html

[79] http://www.adelantehealthcare.com/locations/adelante-healthcare-mesa/

[80] http://www.bannerhealth.com/_Banner+Medical+Group/_Banner+Childrens+Banner+Health+Clinic/Banner+Health+Clinics.htm?rd=bmg-evchildrens

[81] http://mesafamilyhealthcenter.org/

[82] http://www.bannerhealth.com/Locations/Arizona/Banner+Baywood+Medical+Center/_Banner+Baywood+Medical+Center+home+page.htm

[83] http://www.bannerhealth.com/Locations/Arizona/Banner+Desert+Medical+Center/_Banner+Desert+Medical+Center+Home+Page.htm

[84] http://www.bannerhealth.com/Locations/Arizona/Cardon+Childrens+Medical+Center/_Cardon+Childrens+Medical+Center+home+page.htm

and a pediatric intensive care unit. Outpatient services are also offered for children. The Phoenix Children's Hospital East Valley location in Mesa[85] offers pediatric urgent care services on evenings and weekends, as well as specialty services in several areas including cardiology, speech therapy, and pulmonology. The Phoenix Children's Surgery Center,[86] located inside the hospital, offers general surgery, GI endoscopy, ophthalmology, and urology services. Additional pediatric urgent services are also available in Mesa through the All Kids Urgent Care[87] center. Services include lab services, x-rays, breathing treatments, and a range of diagnostic tests.

In Gilbert, family providers include the East Valley Family Medical Center[88] (which offers family care, including well-child checks) and Gateway Family Medicine[89] (which offers primary care services for adults and children, including well-child checks). Three Banner Children's Health Clinics[90] are available in Gilbert, offering several services for children including well-child visits, developmental screenings, and asthma management services. There are also several hospitals in Gilbert. The Banner Gateway Medical Center[91] has 176 private rooms, eight operating rooms, and 37 emergency department beds. The center focuses on obstetrics, general surgery, and emergency services. The Mercy Gilbert Medical Center[92] contains 198 beds and offers services in a wide range of areas including a family birth center, outpatient surgery, and urgent care. The family birth center provides labor, delivery, and recovery services, as well as postpartum care. There is no NICU onsite, so babies needing NICU are transported to Chandler Regional Hospital. Gilbert Hospital[93] contains an emergency department (including a 24/7 4-bed pediatric emergency are area), inpatient and outpatient care, and a 3-bed intensive care unit. Additional pediatric urgent care services are available through the All Kids Urgent Care[94] location in Gilbert, and through Good Night Pediatrics, [95]an overnight pediatric urgent care center open every night of the year.

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[85] http://www.phoenixchildrens.org/locations/specialty-mesa

[86] http://www.phoenixchildrens.org/locations/surgery-center

[87] http://www.mysickkid.com/

[88] eastvalleyfamilymedical.com

[89] http://gatewayfamilymedicine.com/

[90] (http://www.bannerhealth.com/_Banner+Medical+Group/_Banner+Childrens+Banner+Health+Clinic/Banner+Health+Clinics.htm?rd=bmg-evchildrens)

[91] http://www.bannerhealth.com/Locations/Arizona/Banner+Gateway+Medical+Center/_Banner+Gateway+Medical+Center+home+page.htm)

[92] https://hospitals.dignityhealth.org/mercygilbert/Pages/default.aspx

[93] http://www.gilberter.com

[94] http://www.mysickkid.com/

[95] http://www.goodnightpeds.com/home.html

In Queen Creek, Queen Creek Medical Office[96](part of the Cigna Medical Group) offers family medicine, pharmacy, and laboratory services. The Banner Health Center located in Queen Creek[97] additionally offers primary care for youth and adults with on-site labs and x-rays. Chandler Regional Medical Centers[98] offers an urgent care center in Queen Creek. Additionally, Queen Creek families may go to Banner Ironwood Medical Center[99] (located in San Tan Valley), which offers 53 inpatient beds and focuses on emergency services, obstetrics, surgery, general medical center, and a level II nursery.

Gilbert and Queen Creek families can also access urgent care services through San Tan Urgent Care,[100] which serves patients of all ages in Gilbert and Queen Creek. OneHealth Urgent Care, which also has locations in both Gilbert and Queen Creek,[101]offers medical services for patients of all ages with non-life threatening illnesses or injury.

Additionally, the Phoenix Indian Medical Center (PIMC), an Indian Health Services (IHS) hospital[102] provides healthcare services to American Indians and Alaska Natives (AIANs) who are members of federally recognized tribes residing in the metropolitan areas of Phoenix and to AIAN tribal members from other areas through the Phoenix Area region who are referred to PIMC. The Indian Health Service serves approximately 61,800 active users in Maricopa County, including 7,323 children under the age of six.[103] There are 127 beds located in PIMC and over 600 people staff the facility. Services offered at PIMC include: anesthesiology, pediatrics, internal medicine, surgery, plastic surgery, obstetrics-gynecology, emergency medicine, radiology, physical therapy, dental services, and more. Subspecialties of PIMC include gastroenterology, infectious disease, and pulmonary health. There are also future plans to expand PIMC to include a cardiology subspecialty department. PIMC also offers an array of community health services to AIANs residing in the Phoenix area, including public health nursing, social services, mental health and substance abuse services, health education,

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[96] http://www.cigna.com/cmgaz/locations/queen-creek-medical-office

[97] http://www.bannerhealth.com/_Banner+Medical+Group/Office+Locations/_Banner+Health+Center+-+Family+Medicine+Pediatrics+-+Queen+Creek/_Banner+Health+Center+Home+Page.htm

[98] https://hospitals.dignityhealth.org/chandlerregional/Pages/services/urgent-care-centers/Urgent-Care-Queen-Creek.aspx

[99] http://www.bannerhealth.com/Locations/Arizona/Banner+Ironwood/_Banner+Ironwood+Medical+Center+home+page.htm)

[100] http://www.santanurgentcareaz.com/

[101] http://www.onehealthurgentcare.com/

[102] Indian Health Services. Phoenix Service Unit. *U.S. Department of Health and Human Services.* Retrieved from http://www.ihs.gov/phoenix/index.cfm?module=dsp_phx_hf_phx

[103] *Indian Health Service Phoenix Area.* [2014]. FY-2013 Active Users and Census Projections. Unpublished data provided by the Indian Health Service Phoenix Area. Please note that the IHS estimates are based on data from the active users (defined as any child who had one or more visits during this two-year period) under the age of six in fiscal years 2011-2013). These data are based on the children's place of residence and not on where the service was provided. It can be assumed that in most cases services were received at Phoenix Indian Medical Center.

environmental health, and nutritional services. Additionally, PIMC is unique in the fact that an entire floor in the PIMC building is dedicated to the National Institutes of Health, where research on common diseases found in Southwest tribes is conducted.

Urban American Indians and other community members residing in Maricopa County may also receive healthcare from Native Health. Native Health,[104]which offers numerous healthcare and wellness services, has been operating since 1978 and has grown and expanded greatly over the years. Native Health now operates Native Health Central, NHW Community Health Center, Native Health Information and Referral Center (located in the Metrocenter Mall), and three WIC facilities located at both Native Health medical facilities (Native Health Central and NHW Community Health Center) and the Phoenix Indian Medical Center (PIMC). The services Native Health provides include podiatry, diabetes education, chronic care management, behavioral health, primary medical services, pediatric services, prenatal and women's health, optometry services, and dental services. Native Health also operates a Health Start (Mothers) Program, which is funded by the Arizona Department of Health Services. This program trains Community Health Workers (CHWs) to help women in the Phoenix area receive prenatal care and to ensure children receive needed immunizations. The program also offers health and wellness guidance to women and families during pregnancy and until the child reaches the age of two. Additionally, Native Health operates the Maternal, Infant, and Early Childhood Home Visiting program, which was created to strengthen Native families that reside away from reservations by increasing the health and wellness of the entire family, ensuring school readiness in young children, teaching parenting skills, and much more. The mission of Native Health is to provide holistic, patient-centered, culturally sensitive health and wellness services to AIANs throughout the Phoenix area. For more information on the programs listed here, or any of the many other programs provided through Native Health, visit the Native Health website at http://www.nativehealthphoenix.org/.

Pregnancies and Births

The population of Arizona has grown in recent years, however, the number of births decreased from 2009 to 2011, with a slight increase in 2012.[105] As shown in the following figure, births in the Southeast Maricopa Region have followed a similar trajectory.

[104] Native Health Phoenix. http://www.nativehealthphoenix.org/

[105] Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf

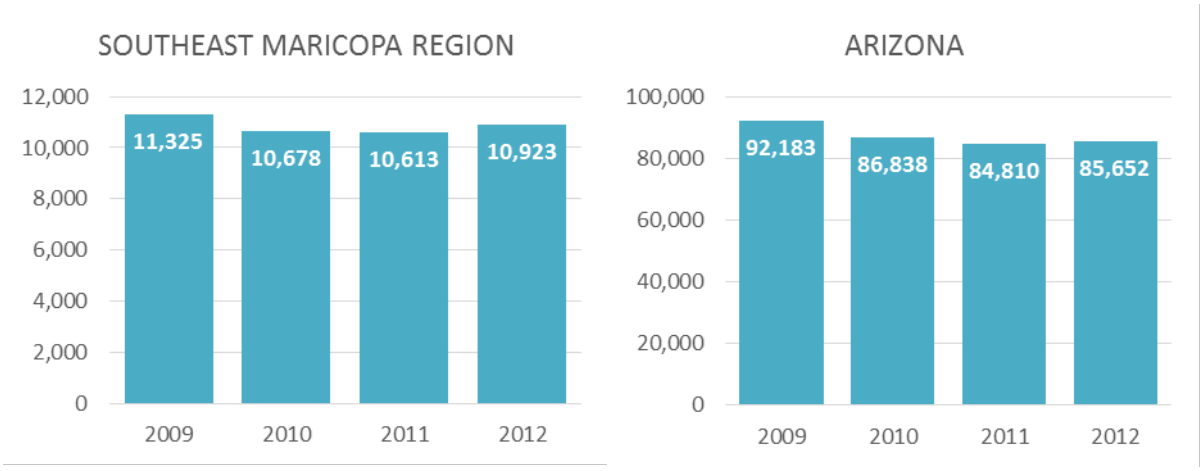


Figure 17. Number of births per calendar year in the Southeast Maricopa Region (2009-2012)

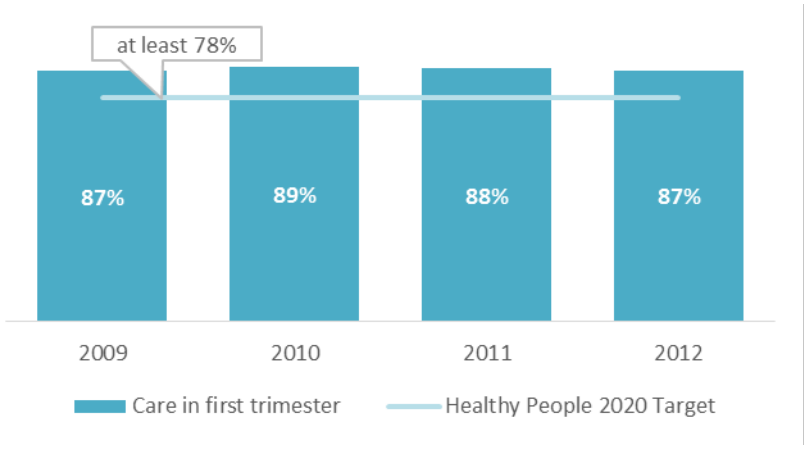
Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births.[106] Care should ideally begin in the first trimester.

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 78 percent or more. In Arizona as a whole in 2012, 79 percent of births met this standard. As shown in Figure 18 on the following page, a greater proportion of women receive prenatal care in the first trimester of pregnancy in the Southeast Maricopa Region: 87 percent in 2012. The Southeast Maricopa Region meets the Healthy People 2020 target for receiving prenatal care in the first trimester of pregnancy. Figure 19 shows the average percent of births with prenatal care begun in the first trimester by Primary Care Area. This percentage was highest in the Queen Creek PCA (94%) and Gilbert PCA (92%), and although it was a bit lower in the Mesa PCA (86%), the Mesa PCA still exceeds the Healthy People 2020 target.

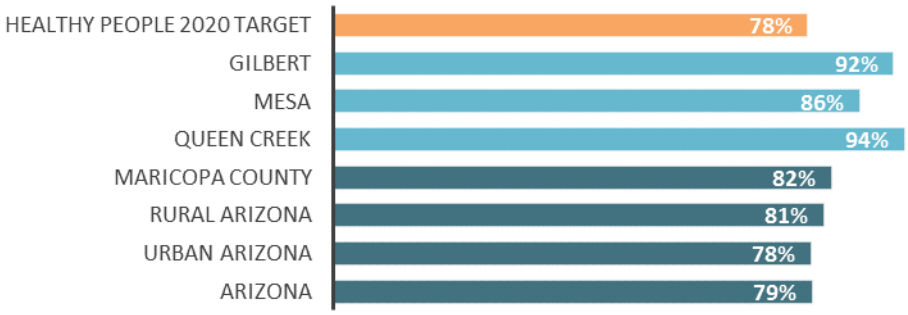
[106] Kiely, J.L. & Kogan, M.D. *Prenatal Care.* From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from: http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf

Figure 18. Average percent of births with prenatal care begun first trimester by year in the Southeast Maricopa Region (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 19. Average percent of births with prenatal care begun first trimester by PCA (2002-2011)



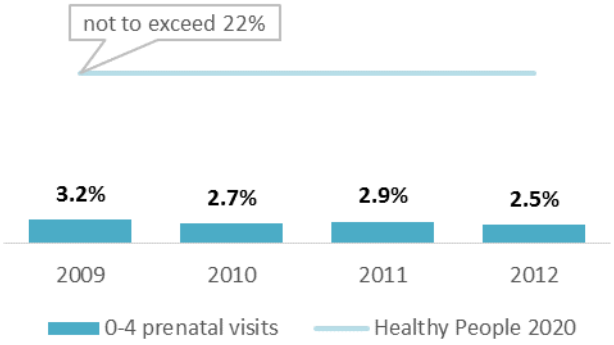
Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from http://www.azdhs.gov/hsd/data/profiles/primary-care/

In addition to early care, it is important that women receive adequate prenatal care throughout their pregnancy, in order to monitor their health and provide them with information for a healthy pregnancy and post-natal period. The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven visits or fewer prenatal care visits are considered an inadequate number.[107] The Healthy People 2020 target for receiving fewer than five prenatal care visits is less than 22 percent. The Southeast Maricopa Region met these targets from 2009-2012, and there has been a slight decrease in the percentage of women receiving four or fewer prenatal visits from 2009 to 2012 (see Figure 20). Although the Mesa PCA had the highest percentage of births with fewer than five prenatal care

[107] American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care. 5th ed. Elk Grove Village, Ill.: American Academy of Pediatrics, and Washington, D.C.: American College of Obstetricians and Gynecologists, 2002

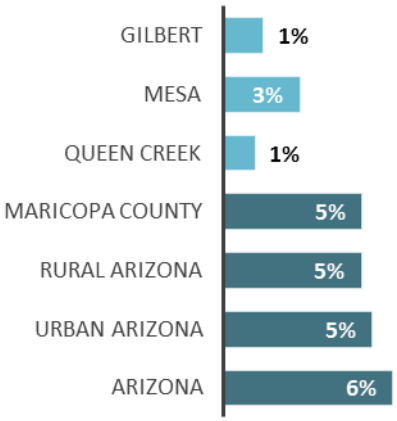
visits (averaged over the years 2002-2011) in the region (3%), this was still low relative to state and county averages (see Figure 21). These data suggest that prenatal care is accessible and well-utilized in the Southeast Maricopa Region.

Figure 20. Average percent of births with fewer than five prenatal care visits by year in the Southeast Maricopa Region (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 21. Average percent of births with fewer than five prenatal care visits by PCA (2002-2011)



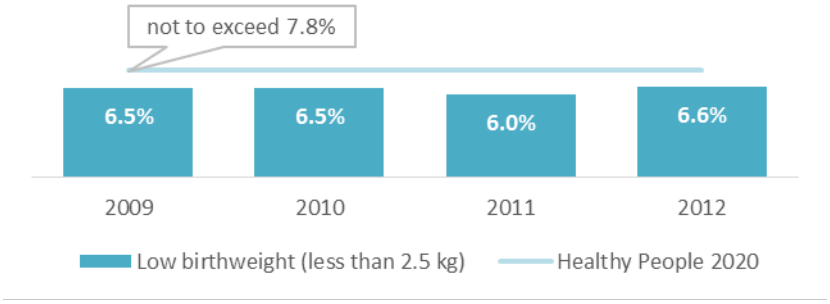
Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from http://www.azdhs.gov/hsd/data/profiles/primary-care/

Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. Low birth weight is associated with a number of factors including maternal smoking or alcohol use, inadequate maternal weight gain, maternal age younger than 15 or older than 35 years, infections involving the uterus or in the fetus, placental problems, and birth defects[108], as well as air pollution.[109] The Healthy People 2020 target is 7.8 percent or

[108] Arizona Department of Health Services. Preterm Birth and Low Birth Weight in Arizona, 2010. Retrieved from: http://www.azdhs.gov/phs/owch/pdf/issues/Preterm-LowBirthWeightIssueBrief2010.pdf

fewer births where babies are a low birth weight. As shown in Figure 22, the Southeast Maricopa Region meets the Healthy People 2020 target.

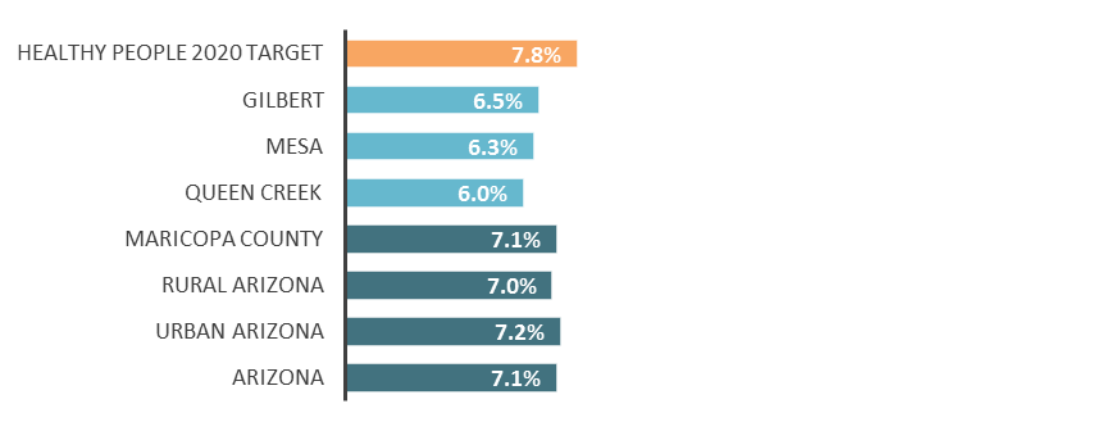
Figure 22. Average percent of births with low birth weight (5 lbs., 8 oz. or less) births by year in the Southeast Maricopa Region (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 23 on the following page shows the percent of babies born with low birth weight averaged over the years 2002-2011 for PCAs in the region. As can be seen, the percentage of low birth weight births is similar across the region, with all three PCAs ranging between six and 6.5 percent.

Figure 23. Average percent of births with low birth weight (5 lbs., 8 oz. or less) by PCA (2002-2011)



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from http://www.azdhs.gov/hsd/data/profiles/primary-care/

Teenage parenthood, particularly when teenage mothers are under 18 years of age, is associated with a number of health concerns for infants, including neonatal death, Sudden

[109] Pedersen, M., et al. (2013). Ambient air pollution and low birth weight: A European cohort study (ESCAPE). The Lancet Respiratory Medicine. Advance online publication. Doi: 10.1016/S2213-2600(13)70192-9

Infant Death Syndrome (SIDS), and child abuse and neglect.[110] In addition, the children of teenage mothers are more likely to have lower school achievement and drop out of high school, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult. Teenaged mothers themselves are less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.[111]

The teen birth rate in Arizona in 2012 was 18.7/1000 for females aged 15-17, and 66.1/1000 for females aged 18-19. Although the number of teen births in Arizona has dramatically decreased in recent years (reflective of the national trend), Arizona still has the 11th highest teen birth rate nationally.[112] Arizona had the largest decline in teen pregnancy in the nation between 2007 and 2010, with a 29% decline.[113] However the teen birth rate in Arizona is still higher than the national average, for both girls aged 10-14 and 15-19.

Because young teen parenthood (10-17) can have far-reaching consequences for mother and baby alike, and older teen parenthood (18-19) can continue to impact educational attainment, these rates indicate that teen parenthood services for teen parents may be important strategies to consider in order to improve the well-being of young children in these areas.

In 2012, nine percent of all births in Arizona were to mothers aged 19 or younger; in the Southeast Maricopa Region, 6.4 percent of births were to teenage mothers.

Figure 24. Percent of births to teen mothers by year in the Southeast Maricopa Region (2009-2012)

Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

[110] Office of Population Affairs, Department of Health and Human Services, (2010). Focus area 9: Family Planning, Healthy People 2010. Retrieved from: http://www.healthypeople.gov/Document/HTML/Volume1/09Family.htmgov/Document/HTML/Volume1/09Family.htm

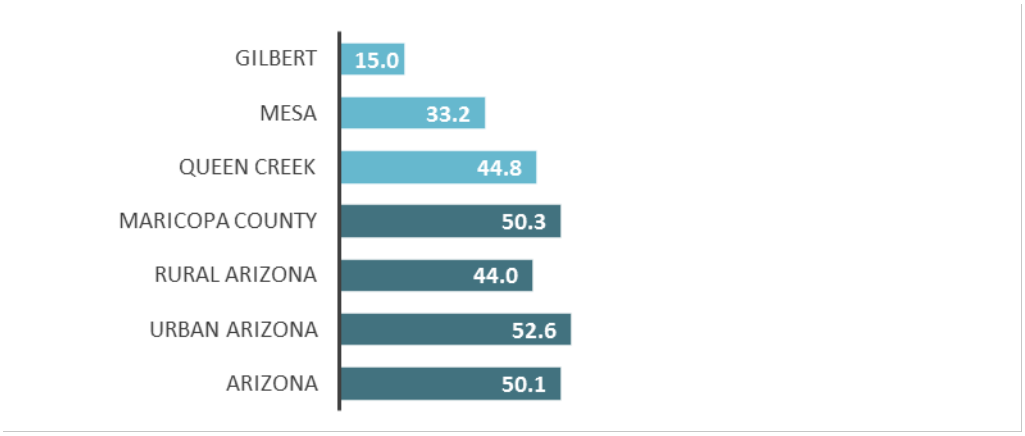
[111] Centers for Disease control and Prevention. Teen Pregnancy. About Teen Pregnancy. Retrieved from: http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm

[112] The National Campaign to Prevent Teen and Unplanned Pregnancy. Teen Birth Rate Comparison, 2012. http://thenationalcampaign.org/data/compare/1701

[113] Arizona State Health Assessment, December 2013. Arizona Department of Health Services. http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf

As shown in Figure 25, in the Southeast Maricopa Region, the number of births to teenage mothers varies by community. The rate of teen births for females aged 14-19 years old in the region averaged over the years 2002-2011 were lowest for the Gilbert PCA (15 per 1,000 females), followed by the Mesa PCA (33.2 per 1,000 females), with the highest rate in the Queen Creek PCA (44.8 per 1,000 females).

Figure 25. Rate of teen births per 1,000 females by PCA (2002-2011)



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from http://www.azdhs.gov/hsd/data/profiles/primary-care/

In Arizona, teen pregnancy was estimated to have cost the state $240 million in 2010. The costs in previous years had been much higher and if the declines in teen pregnancy seen in recent years had not occurred, the state would have needed to spend an estimated $287 million more in 2010.[114] Reducing the rate of teen pregnancy among youth less than 19 years of age is one of the ten State Title V priorities for 2011-2016 for Arizona's maternal and child health population.[115]

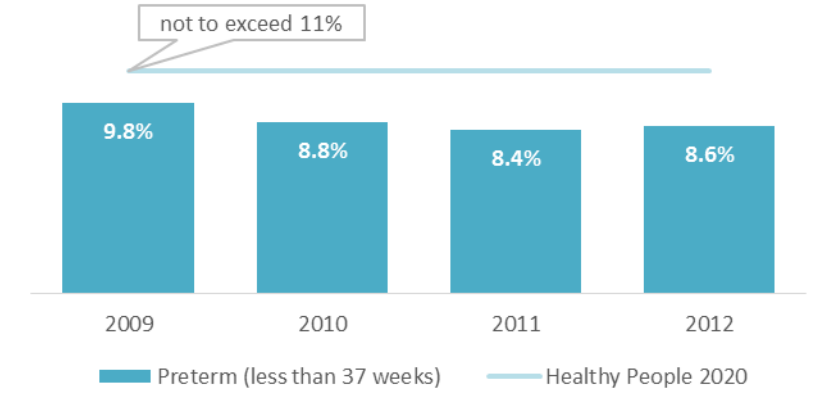
Teen pregnancy is often linked with preterm births,[116]and the percent of preterm births in the region falls below the Healthy People 2020 target. In 2012, the percent of births that were preterm births in the Southeast Maricopa Region was 8.6 percent, slightly below the state for that year (just over 9%).

[114] The National Campaign to Prevent Teen and Unplanned Pregnancy. Counting It Up. The Public Costs of Teen Childbearing in Arizona in 2010. April 2014. Retrieved from: http://thenationalcampaign.org/sites/default/files/resource-primary-download/fact-sheet-arizona.pdf

[115] Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf

[116] Chen, X-K, Wen, SW, Fleming, N, Demissie, K, Rhoads, GC & Walker M. (2007). International Journal of Epidemiology; 36:368–373. Retrieved from: http://ije.oxfordjournals.org/content/36/2/368.full.pdf+html

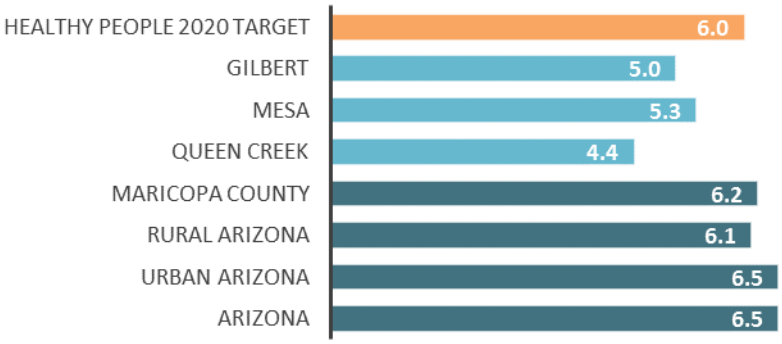
Figure 26. Percent of preterm births in the Southeast Maricopa Region (under 37 weeks)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The Healthy People 2020 target for infant mortality is 6.0 per 1,000 live births or fewer. As can be seen in Figure 27, averaged over ten years, the rates for all communities in the Southeast Maricopa Region met these targets, while Arizona as a whole did not.

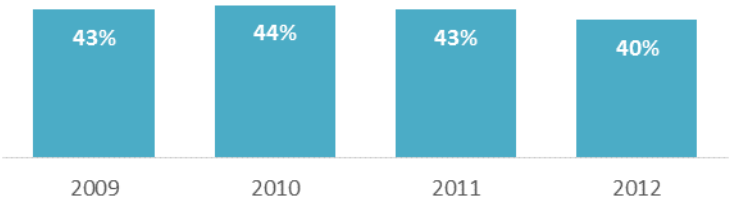
Figure 27. Average infant mortality rate per 1,000 live births by PCA (2002-2011)



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from http://www.azdhs.gov/hsd/data/profiles/primary-care/

The number of births covered by AHCCCS or IHS in the Southeast Maricopa Region has decreased slightly in recent years, with 40 percent of all births in the region having AHCCCS or IHS as the payee for birth expenses. This is a lower than in the state as a whole, which had 55 percent of births with AHCCCS or IHS as the payee in 2012.

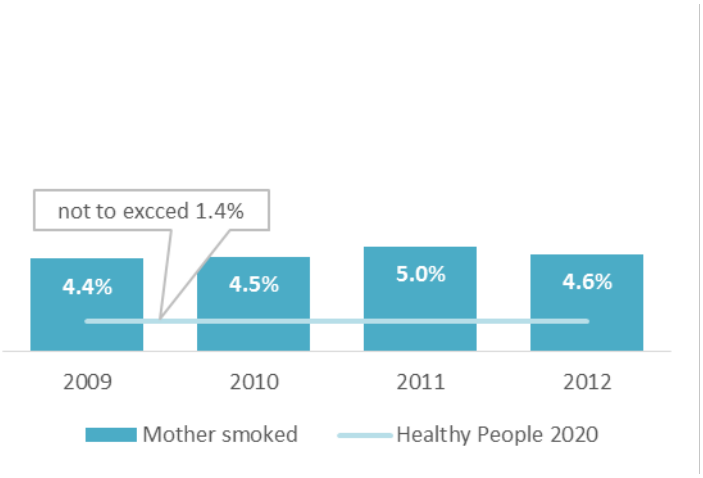
Figure 28. Births covered by AHCCCS or IHS in the Southeast Maricopa Region by year (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The Healthy People 2020 target for tobacco use during pregnancy is not to exceed 1.4 percent. Arizona does not meet this target: statewide, about four percent of women report smoking during pregnancy. In the Southeast Maricopa Region, about the same percentage of women have reported using tobacco during pregnancy; 4.6 percent in 2012.

Figure 29. Tobacco use during pregnancy in the Southeast Maricopa Region by year (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Insurance Coverage

Affordable Care Act and Medicaid Expansion

In 2012, Arizona had the third highest rate of uninsured children in the country, with 13 percent of the state's children (those under 18 years of age) uninsured.[117]

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010. The ACA aims to expand access to health care coverage, requires insurers to cover preventative and screening services such as vaccinations, and ensures coverage for those with pre-existing conditions. In 2013, states could choose to expand Medicaid, with the federal government covering the entire cost for three years and 90 percent thereafter, which Arizona chose to do. Arizonans who earn less than 133 percent of the federal poverty level (approximately $14,000 for an individual and $29,000 for a family of four) are eligible to enroll in Medicaid (AHCCCS), while those with an income between 100 percent and 400 percent of the federal poverty level who are not eligible for other affordable coverage may receive tax credits to help offset the cost of insurance premiums. [118] These individuals can purchase health insurance through health insurance exchanges. The ACA requires most Americans to obtain insurance coverage.

In addition to immunizations, the ACA requires insurance plans to cover of a number of "essential" services relevant to children. These include routine eye exams and eye glasses for children once per year, and dental check-ups for children every six months.[119] However, in Arizona, offered health plans are not required to include these pediatric vision and oral services, as long as supplemental, stand-alone pediatric dental and vision plans are available to consumers.[120] A potential barrier to this method is that a separate, additional premium for this supplemental plan is required,[121] and subsidies will not be available for these separately purchased plans.[122] Both of these factors may make these supplemental pediatric dental and vision plans unaffordable for some families. In addition, when these "essential" services are offered in a stand-alone plan, families are not required to purchase them to avoid penalties. These factors may limit the uptake of pediatric dental and vision coverage in Arizona.

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[117] Mancini, T. & Alker, J. (2013). Children's Health Coverage on the Eve of the Affordable Care Act. Georgetown University Health Policy Institute, Center for Children and Families. http://ccf.georgetown.edu/wp-content/uploads/2013/11/Children%E2%80%99s-Health-Coverage-on-the-Eve-of-the-Affordable-Care-Act.pdf

[118] The Affordable Care Act Resource Kit. National Partnership for Action to End Health Disparities. http://health.utah.gov/disparities/data/ACAResourceKit.pdf

[119] Arizona EHB Benchmark Plan. Centers for Medicare & Medicaid services. http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/arizona-ehb-benchmark-plan.pdf

[120] Essential Health Benefits. Arizona Department of Insurance. June 1, 2012. http://www.azgovernor.gov/hix/documents/Grants/EHBReport.pdf

[121] Can I get dental coverage in the Marketplace? https://www.healthcare.gov/can-i-get-dental-coverage-in-the-marketplace/

[122] Kids' Dental Coverage Uncertain under ACA. Stateline, The Daily News of the Pew Charitable Trusts. http://www.pewstates.org/projects/stateline/headlines/kids-dental-coverage-uncertain-under-aca-85899519226

Table 32 shows the percent of the population in the region, county, state, and regional communities who are estimated to be uninsured. The percentage of the total population uninsured in the region (15%) is higher than the percentage of uninsured children ages birth through five in the region (11%). The estimated proportion of the overall population uninsured in the region is slightly lower than across the state and county (17%). The estimated proportion of children ages birth through five in the region who are uninsured is equivalent to Arizona (11%), and slightly higher than Maricopa County (10%). Insurance seems to be the biggest challenge in Mesa, where an estimated 18 percent of the total population and an estimated 12 percent of children ages birth through five are uninsured. Mesa also has the highest percentage of children living with foreign-born parents in the region (see Table 5). These parents may be more likely to be out of work or hold jobs without health insurance benefits.

Table 32. Percent of population uninsured

GEOGRAPHY	POPULATION (ALL AGES)	ESTIMATED PERCENT OF POPULATION UNINSURED (ALL AGES)	POPULATION (0-5)	ESTIMATED PERCENT OF POPULATION UNINSURED (0-5)
Southeast Maricopa Region	725,976	15%	68,473	11%
Mesa	477,857	18%	42,532	12%
Gilbert	211,167	10%	21,817	9%
Queen Creek (Maricopa part)	32,379	11%	3,935	8%
Apache Junction (Maricopa part)	4,573	14%	189	3%
Maricopa County	3,817,117	17%	339,217	10%
Arizona	6,392,017	17%	546,609	11%

US Census (2010). Table P14. US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B27001. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Medicaid (AHCCCS) and KidsCare Coverage

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage of up to 100 percent of the Federal Poverty Level or FPL) and the Title XXI program (Arizona's Children's Health Insurance Program known as KidsCare). KidsCare operates as part of the AHCCCS program and provides coverage for children in households with incomes between 100 and 200 percent of the FPL. However, due to budget cuts at the state level, enrollment in the KidsCare Program was frozen on January 1, 2010, and eligible new applicants were referred to the KidsCare Office to be added to a waiting list.

Beginning May 1, 2012 a temporary new program called KidsCare II became available through January 31, 2014, for a limited number of eligible children. KidsCare II had the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it was only open to children in households with incomes from 100 percent to 175 percent of the FPL, based

on family size. Monthly premium payments, however, were lower for KidsCare II than for KidsCare.[123]

Combined, KidsCare and KidsCare II insured about 42,000 Arizona children, with almost 90 percent being covered throughthe KidsCare II program. On February 1, 2014, KidsCare II was eliminated. Families of these children then had two options for insurance coverage; they could enroll in Medicaid (AHCCCS) if they earn less than 133 percent of the FPL, or buy subsidized insurance on the ACA health insurance exchange if they made between 133 percent and 200 percent of the FPL. However this leaves a gap group of up to 15,000 kids in Arizona whose families cannot afford insurance because they do not qualify for subsidies. A solution proposed by Arizona legislators is to again allow children whose families earn between 133 percent and 200 percent of the poverty level to enroll in KidsCare.[124]

Currently, enrollment for the original KidsCare will remain frozen in 2014. Children enrolled in KidsCare with families making between 133 percent and 200 percent of the FPL will remain in KidsCare as long as they continue to meet eligibility requirements, and continue paying the monthly premium. Children enrolled in KidsCare whose families make between 100 percent and 133 percent of the FPL will be moved to Medicaid (AHCCCS). New applicants to KidsCare with incomes below 133 percent of the FPL will be eligible for Medicaid (AHCCCS). Applicants with incomes above 133 percent of the FPL will be referred to the ACA health insurance exchanges to purchase (potentially subsidized) health insurance.[125]

Very few children in Arizona and Maricopa County were enrolled in KidsCare in 2014, as shown in the table below.

Table 33. Children (0-17) with KidsCare coverage in Maricopa County (2012-2014)

GEOGRAPHY	POPULATION (0-17)	MARCH 2012		MARCH 2013		MARCH 2014	
Maricopa County	1,007,861	7,343	0.7%	22,252	2.2%	1,360	0.1%
Arizona	1,629,014	11,646	0.7%	35,965	2.2%	2,148	0.1%

AHCCCS (2014). KidsCare Enrollment by County. Retrieved from http://www.azahcccs.gov/reporting/Downloads/KidsCareEnrollment/2014/Feb/KidsCareEnrollmentbyCounty.pdf

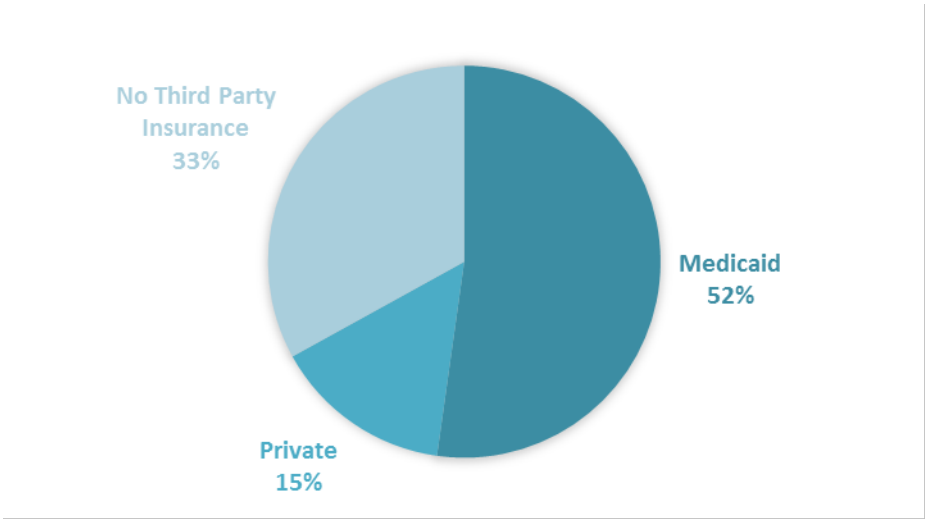
[123] Monthly premiums vary depending on family income but for KidsCare they are not more than $50 for one child and no more than $70 for more than one child. For KidsCare II premiums are no more than $40 for one child and no more than $60 for more than one. Note that per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a premium. Proof of tribal enrollment must be submitted with the application. http://www.azahcccs.gov/applicants/categories/KidsCare.aspx and http://www.azahcccs.gov/applicants/KidsCareII.aspx

[124] Thousands of Kids Could Lose Health Coverage Saturday. January 30, 2014, Arizona Public Media. https://news.azpm.org/p/local-news/2014/1/30/29919-thousands-of-az-kids-could-lose-health-coverage-saturday/

[125] Arizona State Health Assessment, December 2013. Arizona Department of Health Services. http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf

Nearly a quarter of the American Indian population in the state lives in Maricopa County, and the majority (87%) reside outside of reservation areas.[126] Data on Medicaid or AHCCCS coverage through the Indian Health Service[127] for active users under age six who are members of a federally recognized tribe in Maricopa County were provided by the Indian Health Service for inclusion in this report. The Indian Health Service serves approximately 61,800 urban Indians in Maricopa County, including 7,323 children under the age of six.[128] As shown in the following figure, 52 percent of these children were covered by Medicaid.

Figure 30. Insurance coverage, Indian Health Service active users (0-5), Maricopa County, 2011-2013



Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

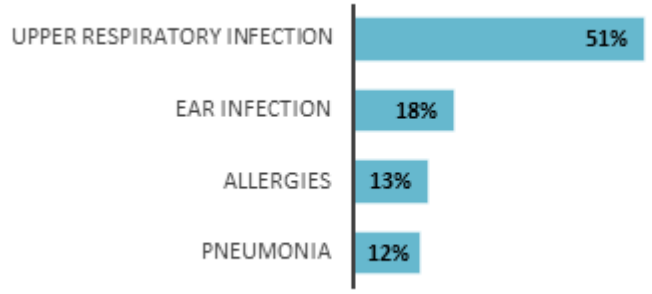
Some additional data about the health of young children served by the Indian Health Service were also provided. Figure 31 shows the top five diagnoses over a two-year period for the active users under age six in Maricopa County. As shown below, 51 percent of these active users under six were seen for an upper respiratory infection between 2011 and 2013.

[126] Source: US Census (2010). Table P9. Retrieved from http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_P9&prodType=table

[127] For more information, see http://www.ihs.gov/

[128] *Indian Health Service Phoenix Area.* [2014]. FY-2013 Active Users and Census Projections. Unpublished data provided by the Indian Health Service Phoenix Area. Please note that the IHS estimates are based on data from the active users (defined as any child who had one or more visits during this two-year period) under the age of six in fiscal years 2011-2013). These data are based on the children's place of residence and not on where the service was provided. It can be assumed that in most cases services were received at Phoenix Indian Medical Center.

Figure 31. Top five diagnoses by unique patients aged birth through five, 2011-2013 (Indian Health Service)



Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

Developmental Screenings and Services for Children with Special Developmental and Health Care Needs

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to assure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events. Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either though their own schools or through agreements with other programs such as Head Start.

The National Survey of Children with Special Health Care Needs estimated that 7.6 percent of children from birth to five (and about 17% of school-aged children) in Arizona have special health care needs, defined broadly as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition, and who also require health and related services of a type or amount beyond that required by children generally."[129] The survey also estimates that nearly one in three Arizona children with special health care needs have an unmet need for health care services (compared to about one in four nationally).

In addition, although all newborns in Arizona are screened for hearing loss at birth, approximately one third of those who fail this initial screening do not receive appropriate follow up services to address this auditory need.[130]

[129] "Arizona Report from the 2009/10 National Survey of Children with Special Health Care Needs." NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/06/12] from www.childhealthdata.org.

[130] Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf

AzEIP Referrals and Services

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), which also provides services or makes referrals to other appropriate agencies (e.g. for Division of Developmental Disabilities case management). Children eligible for AzEIP services are those who have not reached 50 percent of the developmental milestones for his or her age in one or more of the following areas: physical, cognitive, communication/language, social/emotional or adaptive self-help. Children who are at high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be eligible for services work with the service provider to develop an individualized Family Service Plan that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

Private insurance often does not cover the therapies needed for children with special health care needs. The 2009-2010 National Survey of Children with Special Health Care Needs found that about 22 percent of families with a child with special health care needs pay $1,000 or more in out of pocket medical expenses (U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2013).[131] The cost of care has become an even more substantial issue as state budget shortfalls have led AzEIP to begin instituting a system of fees for certain services. Although no fees are associated with determining eligibility or developing an Individualized Family Service Plan, some services that were previously offered free of charge, such as speech, occupational and physical therapy, will have fees (Arizona Department of Economic Security, 2012).[132] The families of AHCCCS-enrolled children will not be required to pay the fees. However, in an effort to help reduce the financial burden for services on families, AzEIP has recently proposed to eliminate Family Cost Participation, which requires families to share in the costs of early intervention services based upon family size and income. AzEIP is currently in the process of receiving public comment about this proposed change in policy.[133]

AzEIP providers can offer, where available, an array of services to eligible children and their families, including assistive technology, audiology, family training, counseling and in-home

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[131] U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *The National Survey of Children with Special Health Care Needs Chartbook 2009–2010.* Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

[132] Arizona Department of Economic Security. (2012). *Arizona Early Intervention Program Family Cost Participation Fact Sheet*. Retrieved July 25th 2012 from https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/fact_sheet_english_rev_10_12_10.pd

[133] Arizona Department of Economic Security. *Family Cost Participation.* Retrieved May 2014 from https://www.azdes.gov/AzEIP/Family-Cost-Participation

visits, health services, medical services for diagnostic evaluation purposes, nursing services, nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work, special instruction, speech-language therapy, vision services, and transportation (to enable the child and family to participate in early intervention services).

AzEIP service providers are designated based on zip code, and several AzEIP providers serve zip codes in the Southeast Maricopa Region: Arizona Cooperative Therapy, Rise Services, Southwest Human Development, Easter Seals Blake Foundation, and Dynamite Therapy.[134] Regional AzEIP data were unavailable for the current report, however, some state-level summaries were provided. Data provided include AzEIP statewide data for the total unduplicated number of children served for 2012 [note: these numbers include children served in AzEIP only, and children who are eligible for AzEIP, DDD and ASDB (Arizona Schools for the Deaf and the Blind) services]. During the month of February 2013, there were 5,451 AzEIP eligible children with an Individualized Family Service Plan. In addition, the total number of children served in Arizona in 2012 based on an October 1st count was 5,100. Of those, 667 were one year old or younger, 1,561 were between the ages of one and two and 2,872 were between two and three years of age. The total number of infants and toddlers receiving early intervention services from July 1, 2011, through June 30, 2012 was 9,738 (this includes all AzEIP eligible children including AzEIP only, DDD and ASDB).[135]

DDD Services

The Division of Developmental Disabilities (DDD) serves adults and children throughout the state. DDD supports the family unit by encouraging the family to serve as primary caregivers and by providing in-home assistance and respite care. To qualify for DDD services an individual must have a cognitive delay, cerebral palsy, autism, epilepsy or be at risk for one of these delays. In addition, the delay must limit the individual in three or more of the following areas: self-care, communication, learning, mobility, independent living, or earning potential. Children aged birth through two are eligible if they show significant delays in one or more area of development. They are often served by the Arizona Early Intervention Program (AzEIP), which works to support their development and coach the family in supporting the child's development. Children aged three to six are eligible if they are at-risk for a developmental delay if they do not receive services. DDD also offers support groups for families dealing with autism or Down Syndrome or families receiving services who are Spanish-speaking only.[136]

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[134] https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/azeip_referral_contact_list.pdf

[135] First Things First (2014). [AzEIP Data]. Unpublished raw data received through the First Things First State Agency Data Request.

[136] Family Support Annual Report, July 1, 2011 – June 30, 2012. Department of Economic Security Division of Developmental Disabilities.

In the Southeast Maricopa Region, 850 children were served by DDD in 2012. This is a decrease of seven percent from the number of children served in 2010 (915). The number of children in the Southeast Maricopa Region who receive services from DDD make up approximately 22 percent of all children served in Maricopa County.[137]

Preschool and Elementary School Children Enrolled in Special Education

Another indicator of the needs for developmental services and services for children with special needs is the number of children enrolled in special education within schools. In Arizona, about 12 percent of public and charter school students are enrolled in special education, and this proportion is lower among Maricopa County public and charter school students (7%). As shown in Table 34, the percentage of students enrolled in special education in the Southeast Maricopa Region is a little bit higher than in Arizona schools overall, and quite a bit higher than in Maricopa County schools over all. Three school districts in the Southeast Maricopa Region (Gilbert Unified District, Mesa Unified District, and Queen Creek Unified District) have more than double the percentage of students enrolled in special education than the percentage in Maricopa County schools overall. The other two school districts in the region, Chandler Unified District #80 and Higley Unified School District, also have a greater proportion of students enrolled in special education (12% each) than in Maricopa County schools overall. This suggests that there may be a higher number of young children in the region who would benefit from an expansion of special education and/or early intervention services. However, children with special needs may be more likely to be identified in schools that also have resources to provide services, another explanation for the high proportion of students enrolled in special education seen in the table below.

Table 34. Percent of preschool and elementary school children enrolled in special education

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	STUDENTS ENROLLED IN SPECIAL EDUCATION	
Chandler Unified District #80	64	22,545	2,682	12%
Gilbert Unified District	54	19,256	2,733	14%
Higley Unified School District	16	6,194	717	12%
Mesa Unified District	124	36,368	4,923	14%
Queen Creek Unified District	12	2,636	404	15%
All Maricopa County Public and Charter Schools	182	61,264	4,415	7%
All Arizona Public and Charter Schools	2846	610,079	72,287	12%

Arizona Department of Education (2014). [Preschool and Elementary Needs data set]. Unpublished raw data received from the First Things First State Agency Data Request

[137] First Things First (2014). [DDD Data]. Unpublished raw data received through the First Things First State Agency Data Request.

Immunizations

Recommended immunizations for children birth through age six are designed to protect infants and children when they are most vulnerable, and before they are exposed to these potentially life-threatening diseases.[138] Personal belief exemptions, parents/guardians opting out of required immunizations for their children for personal reasons rather than medical reasons, have risen in Arizona kindergartens in recent years from 1.6 percent in 2003 to 3.9 percent for the 2012-2013 school year.[139] More than a third of kindergartens (35%), and 29 percent of childcare facilities in the state have personal belief exemption rates greater than five percent. Personal belief exemptions are most often done for convenience (it may be easier than obtaining vaccination records) or due to fears about the negative health consequences of the vaccine itself. Those obtaining personal belief exemptions in kindergarten settings are more likely to be from white, higher income families, with higher rates also found in charter schools compared to public schools.[140] This is particularly interesting when considered along with the fact that Arizona has the highest number of charter schools in the country. Geographic clustering of high personal belief exemption rates also exists in the state, which is of particular concern when considering the likelihood of vaccine-preventable disease outbreaks, e.g., pertussis. In sum, parental refusal to vaccinate is contributing to levels of under-vaccination across the state.

In response to these concerns, the Arizona Department of Health Services has developed an Action Plan to Address Increasing Vaccine Exemptions.[141] This plan includes strategies aimed at schools, childcare centers, physicians' offices and parents consisting of revisions to exemptions forms, education and training, streamlined immunization reporting and better resources covering immunization requirements. Implementation of these strategies has begun, and rates of exemptions will be tracked over time to judge the success of these strategies.

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[138] Centers for Disease Control and Prevention. Immunization Schedules. Retrieved from http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html

[139] Birnbaum, M. S., Jacobs, E. T., Ralston-King, J. & Ernst, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from http://www.azdhs.gov/phs/immunization/documents/statistics-reports/personal-beliefs-exemption-study/correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf

[140] Birnbaum, M. S., Jacobs, E. T., Ralston-King, J. & Ernst, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from http://www.azdhs.gov/phs/immunization/documents/statistics-reports/personal-beliefs-exemption-study/correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf

[141] Arizona Department of Health Services. *Action Plan to Address Increasing Vaccine Exemptions*. 10/1/2013. Retrieved from http://azdhs.gov/phs/immunization/documents/statistics-reports/action-plan-address-vaccine-exemptions.pdf

Vaccination and exemption rates in Maricopa County are very similar to rates in Arizona overall, as shown in Table 35 and Table 36. Of young children enrolled in child care or kindergarten in Maricopa County, about four percent have religious exemptions from vaccination, and a little under one half of a percent have a medical exemption.

Table 35. Immunization rates for children enrolled in child care (2012-2013)[142]

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	1+ MMR	3+ HIB	3+ HEP B	1+ VARICELLA OR HISTORY	RELIGIOUS EXEMPTION	MEDICAL EXEMPTION
Maricopa County	55,474	93%	94%	95%	94%	93%	95%	4%	0.5%
Arizona	84,244	94%	95%	96%	94%	94%	95%	4%	0.5%

Arizona Department of Health Services (2013). Childcare Coverage for 2012-2013 School Year. Retrieved from http://azdhs.gov/phs/immunization/statistics-reports.htm

Table 36. Immunization rates for children enrolled in kindergarten (2012-2013)[143]

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	2+ MMR	3+ HEP B	1+ VARICELLA OR HISTORY	PERSONAL EXEMPTION	MEDICAL EXEMPTION
Maricopa County	56414	94%	95%	94%	96%	97%	4%	0.4%
Arizona	87909	95%	95%	95%	96%	97%	4%	0.3%

Arizona Department of Health Services (2013). Kindergarten Coverage for 2012-2013 School Year. Retrieved from http://azdhs.gov/phs/immunization/statistics-reports.htm

Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.[144] Infant and toddler mental health is the young child's developing capacity to "experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn."[145] When young children experience stress and trauma, they have limited responses available to react to positive developmental experiences. Mental health disorders in small children might be exhibited in physical symptoms, delayed development, uncontrollable crying, sleep problems,

[142] Note: The immunization requirements for children ages 2-5 in child care in the state of Arizona are as follows: 4 doses of the DTAP (Diphtheria, Tetanus, Pertussis) vaccine, 3 doses of the polio vaccine, 1 dose of the MMR (Measles, Mumps, Rubella) vaccine, 3-4 doses of the Hib (Haemophilus Influenzae type B) vaccine, 3 doses of the Hepatitis B vaccine, 1 dose of the Varicella vaccine or parental recall of the disease.

[143] Note: The immunization requirements for kindergarteners in the state of Arizona are as follows: 4-5 doses of the DTAP (Diphtheria, Tetanus, Pertussis) vaccine, 3-4 doses of the polio vaccine, 2-3 doses of the MMR (Measles, Mumps, Rubella) vaccine, 3-4 doses of the Hepatitis B vaccine, 1 dose of the Varicella vaccine or parental recall of the disease.

[144] *Research Synthesis: Infant Mental health and Early Care and Education Providers*. Center on the Social and Emotional Foundations for Early Learning. Accessed online, May 2012: http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf

[145] Zero to Three Infant Mental Health Task force Steering Committee, 2001

or in older toddlers, aggression or impulsive behavior.[146] A number of interacting factors influence the young child's healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors. [147]

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations. Recommendations to achieve a comprehensive system of infant and toddler mental health services would include: 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools, 3) enhancing system capacity through professional development and training for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.[148]

In Arizona, the Division of Behavioral Health Services (DBHS) of the Arizona Department of Health Services contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer behavioral health services. Arizona is divided into separate geographical service areas served by various RBHAs.[149]

Since April 1, 2014 Maricopa County has been served by Mercy Maricopa Integrated Care (previously, Magellan of Arizona had been the county's RBHA administrator). Mercy Maricopa Integrated Care offers two health plans for residents of Maricopa County: Mercy Maricopa, which serves people who qualify for RBHA services, and Mercy Maricopa Advantage, which

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[146] Zero to Three Policy Center. Infant and Childhood Mental Health: Promoting Health Social and Emotional Development. (2004). Retrieved from http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144

[147] Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems.* Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

[148] Zero to Three Policy Center. Infant and Childhood Mental Health: Promoting Health Social and Emotional Development. (2004). Retrieved from http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144

[149] Arizona State Health Assessment, December 2013. Arizona Department of Health Services. http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf

serves people who qualify for RBHA services, have Medicaid, have been determined to have a serious mental illness, and have Medicare.[150]

In 2012, over 213,000 Arizonans were enrolled in the public behavioral health system. According to Arizona Department of Health data, 68,743 (32%) of enrollees were children or adolescents, up from 21 percent in 2011; children aged birth though five years comprised almost five percent of all enrollees[151] in 2012, compared to four percent in 2011.[152] With about 546,609 children aged birth to five in Arizona, this means that almost two percent of young children statewide are receiving care in the public behavioral health system. It is likely that there are a much higher proportion of young children in need of these types of services than are receiving them. The lack of highly trained mental health professionals with expertise in early childhood and therapies specific to interacting with children, particularly in more rural areas, has been noted as one barrier to meeting the full continuum of service needs for young children. Children in foster care are also more likely to be prescribed psychotropic medications than other children, likely due to a combination of their exposure to complex trauma and the lack of available assessment and treatment for these young children.[153] Violence-exposed children who get trauma-focused treatment can be very resilient and develop successfully. To achieve this positive outcome, there needs to be better and earlier identification of children exposed to violence and trauma and in need of mental health intervention, and more child-specific, trauma-informed services available to treat these children.[154]

The Southeast Maricopa Region funds a Mental Health Consultation strategy through Southwest Human Development. This effort provides tuition reimbursement to support professional development in mental health, in order to increase the capacity of providers. The strategy also provides mental health consultation to early childhood providers to help these providers support the social-emotional development of young children.

Oral Health

Oral health is an essential component of a young child's overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems,

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[150] Mercy Maricopa Integrated Care. Retrieved from: http://www.mercymaricopa.org

[151] Division of Behavioral Health Services, Arizona Department of Health Services. (2013). *An Introduction to Arizona's Public Behavioral Health System.* Phoenix, Arizona. Retrieved from http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf

[152] Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System.* Phoenix, Arizona.

[153] Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

[154] United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf

including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children aged birth through four years have never seen a dentist.[155] In a statewide survey conducted by the Arizona Department of Health Services, Office of Oral Health, parents cited difficulties in finding a provider who will see very young children (34%), and the belief that the child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.[156]

Screenings conducted in Arizona preschools in 2008-2009 found that seven percent of children aged one year and younger showed the first signs of tooth decay, and 28 percent of children aged birth though four years had untreated tooth decay. Thirty-seven percent of four year olds were identified as needing dental care within weeks to avoid more significant problems, while three percent of four year olds were identified as needing urgent treatments due to severe decay.[157] Arizona had nearly twice the proportion of children aged two to four years with untreated tooth decay (30%) compared to the US as a whole (16%). This rate is more than three times higher than the Healthy People 2010 target of nine percent. Untreated decay was highest amongst children whose parents had less than a high school education.[158]

One item from the 2012 Family & Community Survey assesses whether young children have regular dental visits with the same provider. As shown in the figure below, families in the Southeast Maricopa Region (77%) are slightly less likely to agree that they have a regular provider of dental care for their young children than families in Arizona overall (79%). About one quarter of families in the Southeast Maricopa Region were unsure or disagreed that they have a regular provider of dental care for their young children, which illuminates an area of need in the region.

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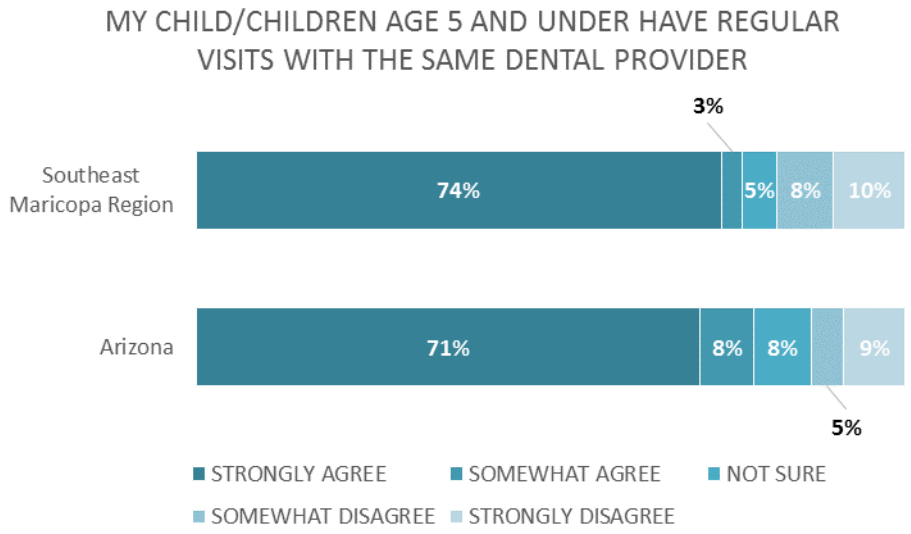
[155] Arizona Department of Health Services (2013). Arizona Children's Oral Health Status and Needs. http://www.azdhs.gov/phs/owch/oral-health/azsmiles/about/disease.htm

[156] Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children.*

[157] Arizona Department of Health Services, Office of Oral Health http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet_Oral%20Health_Preschool.pdf

[158] Arizona Department of Health Services, Office of Oral Health http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet2_Oral%20Health_Preschool.pdf

Figure 32. Family & Community Survey 2012: Regular dental care



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

The First Things First Southeast Maricopa Region has an Oral Health strategy contracted through Dignity Healthy Foundation (East Valley). This strategy provides oral health screenings and fluoride varnish in community-based settings, offers outreach to dentists to encourage service to very young children, and educates families on the importance of oral health care for young children.

Overweight and Obesity

Overweight children are at increased risk for becoming obese. Childhood obesity is associated with a number of health and psycho-social problems, including high blood pressure, high cholesterol, Type 2 diabetes and asthma. Childhood obesity is also a strong predictor of adult obesity, with its related health risks. Of particular concern for younger children is research that shows a child who enters kindergarten overweight is more likely to become obese between the ages of five and 14, than a child who is not overweight before kindergarten.[159]

A major new report revealed promising news, however: a 43 percent decline in the obesity rate among children aged two to five years-old in the United States over the past decade, from about 14 percent to about eight percent.[160] While the cause for the decline is not known, possible reasons include reduced consumption of fewer overall calories and sugary drinks by young children, increased breastfeeding and/or state, local or federal policies aimed at reducing

[159] Cunningham, S. A., Kramer, M. R., & Venkat Narayan, K. M. (2014). Incidence of Childhood Obesity in the United States. The New England Journal of Medicine. 370 (5); 403-411.

[160] Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. JAMA, 2014; 311(8):806-814. http://jama.jamanetwork.com/article.aspx?articleid=1832542

obesity. While this decline is indeed promising, the disproportionate rates of obesity in minority and low-income children remain. Nationally, among two to five year olds in 2012, about four percent of White children were obese, compared to 11 percent of Black children and 17 percent of Hispanic children. This is in spite of fairly similar obesity rates for children under two years old. And while 18 other states have shown a decrease in obesity among low-income preschoolers between 2008 and 2011, Arizona was not one of those states.[161]

The Arizona Department of Health Services (ADHS) and the Maricopa County Department of Public Health (MCDPH) jointly identified obesity as a top five community public health issue in Maricopa County in 2012. Obesity was selected as the second most important priority among health professionals at MCDPH, and was the second most important health problem identified by community members who participated in the assessment. The Maricopa County Community Health Assessment reports that one quarter of adults in Maricopa County are obese, and one in seven children in Maricopa County are obese. Hispanic individuals are over-represented in these statistics: according to the report, Hispanics make up nearly one third of obese individuals in Maricopa County. Not only is obesity a concerning public health challenge, but it is a costly issue. One estimate indicates that if obesity decreases to 1987 levels, this could yield a savings of up to 1.85 billion dollars in health care costs to the county over time.[162] Encouragingly, data from WIC indicate that obesity rates in Maricopa County are decreasing in children ages birth to five. In 2006, 16 percent of children aged birth through five in the county were obese; by 2011, this percentage had steadily declined to 13.6 percent.[163]

Data about overweight and obesity were also provided by the Indian Health Service for active users under the age of six in Maricopa County. In Maricopa County, 51 percent of children ages two and a half through five served by the Indian Health Service were normal weight, 22 percent were overweight, and 26 percent were obese. By comparison, 24.9 percent of children in the Indian Health Service Phoenix area (which includes the tri-state area of Arizona, Nevada, and Utah)[164] who are enrolled members of a federally-recognized tribe or otherwise have the right to receive services through the Indian Health Service were obese.[165]

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[161] CDC. Vital Signs: Obesity among Low-Income, Preschool-Aged Children — United States, 2008–2011. MMWR, August 9, 2013 / 62(31);629-634

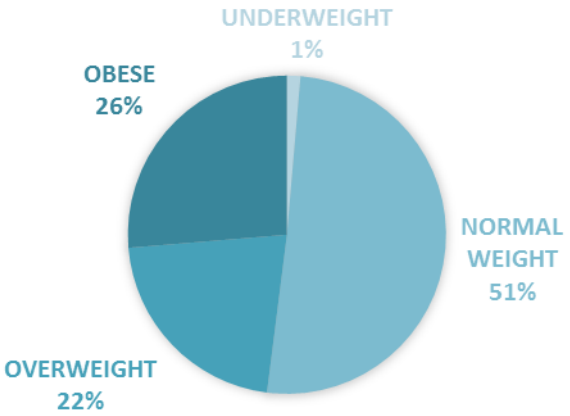
[162] Arizona Department of Health Services and Maricopa County Department of Public Health. *Maricopa County Community Health Assessment Public Health Strategic Priorities 2012.* Retrieved from https://www.maricopa.gov/PublicHealth/programs/OPI/pdf/CHA-Strategic-Priorities.pdf.

[163] Arizona Department of Health Services, Bureau of Nutrition and Physical Activity, Research and Development. (2013). *WIC Needs Assessment*.

[164]The Phoenix Area Indian Health Service oversees the delivery of health care to approximately 140,000 Native American users in the tri-state area of Arizona, Nevada, and Utah. For more information, please visit: http://www.ihs.gov/phoenix/

[165] *Indian Health Service Phoenix Area.* [2014]. Phoenix Area -2014 GPRA Dashboard Report. Unpublished data provided by the Indian Health Service Phoenix Area.

Figure 33. Children (ages 2.5-5) served by the Indian Health Service in Maricopa County by BMI category



Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

Note: Weight Categories are determined by the CDC 2000 BMI Guidelines. Definitions are as follows: Underweight (<5th Percentile), Health Weight (5th-85th Percentile), Overweight (85th-95th Percentile), Obese (>95th Percentile)

Breastfeeding can play an important role in obesity prevention for babies. This also holds true for mothers. Exclusively breastfeeding among Arizona WIC participants doubled between 2007 and 2011, although the majority of infants on WIC are still formula fed.[166] The Centers for Disease Control and Prevention also recommend supporting breastfeeding in hospitals and the workplace as a strategy to decrease childhood obesity.[167]

Child Fatalities

Since 2005, the Arizona Child Fatality Review Program has reviewed the death of every child who died in the state. In 2012, there were 854 child fatalities (aged birth to 18) in Arizona. Of these, 72 percent (616) were young children between birth and five years old.[168] More than one third of these deaths (325, or 38%) were during the neonatal period (birth-27 days) and were due to natural causes (prematurity, congenital anomalies, and other medical conditions). About one-fifth (171, 20%) were during infancy (28-365 days), of which almost two-thirds (64%) were undetermined (most of which, 81, 47%, were attributed to Sudden Infant Death Syndrome). One in seven deaths in early childhood (120, or 14%) were of children one to four

[166] Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

[167] Centers for Disease Control. Childhood Overweight and Obesity; Strategies and Solutions. Last updated February, 2013. http://www.cdc.gov/obesity/childhood/solutions.html

[168] Arizona Child Fatality Review Program, 2013 http://www.azdhs.gov/phs/owch/pdf/cfr/20th-annual-child-fatality-review-report-nov-2013.pdf

years of age. In this age group, 40 percent of deaths were attributed to homicide, and 15 percent were due to drowning.

Local Child Fatality Review Teams review each death and make a determination of preventability for each death, after reviewing all available information on the circumstances (in 9% of cases, they were unable to determine preventability). Based on these reviews, the teams concluded that five percent of perinatal deaths, 49 percent of infant deaths, and 49 percent of young child deaths were preventable in Arizona.

The Child Fatality Review Teams also make a determination of whether the death can be classified as maltreatment by parent, guardian or caretaker, based on their acting, or failing to act, in a way that presents a risk of serious harm to the child. Seven percent (56) of all deaths of children from birth to five were classified as maltreatment. These may have been classified as homicide (e.g. due to abusive head trauma), natural (e.g., prenatal substance use that resulted in premature birth, or failure to seek medical care), or accidental (e.g., unintentional injuries caused by negligence or impaired driving).

In 2011 (the most recent year for which data are available), Maricopa County had a crude rate of 48.2 child deaths per 100,000 residents. This is a lower rate than the state of Arizona overall (57.2 deaths per 100,000 residents). Medical conditions (39%) and prematurity (27%) were the leading causes of child deaths in the county. Child fatalities were over-represented among Hispanic children (47% of child deaths) and African American children (10% of child deaths). Additionally, substance use was a contributing factor in more than one fifth (21%) of child deaths in Maricopa County.

Substance Use

Exposure to adverse childhood experiences including abuse, neglect and household dysfunction can lead to a variety of consequences, including increased risk of alcoholism and increased likelihood of initiating drug use and experiencing addiction.[169]

In Arizona in 2012, there were 76,825 hospital inpatient discharges related to drug dependence or drug abuse. Sixty-one percent of all inpatient discharges related to drug dependence or drug abuse occurred in Maricopa County, where there were a total of 47,173 hospital inpatient discharges in 2012.[170] (Note that because the population of Maricopa County makes up nearly 60 percent of Arizona's total population, this does not indicate a disproportionate number of

[169] United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention. (2008). The effects of childhood stress on health across the lifespan. Retrieved from http://www.cdc.gov/ncipc/pub-res/pdf/childhood_stress.pdf.

[170] Arizona Department of Health Services (2013). Hospital inpatient discharges & emergency room visits statistics for drug abuse, Table B1. Retrieved from http://www.azdhs.gov/plan/hip/index.php?pg=drugs

hospital discharges related to drug dependence or drug abuse in the county.) In Arizona in 2012, the age-adjusted mortality rate for alcohol-induced deaths was 14.2/100,000, and the age-adjusted rate for drug-induced deaths was 16.3/100,000. In Maricopa County, these rates were slightly lower, at 12.0/100,000 for alcohol-induced deaths, and 14.9/100,000 for drug-induced deaths.[171]

Family Support

Child Welfare

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that although infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification of and intervention for child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services.[172]

Children with disabilities are at increased risk of child abuse, especially neglect. Children with disabilities related to communication, learning, and sensory or behavior disorders appear to be at increased risk. Authors of a recent study reviewing the current literature on child abuse, child protection and disabled children also noted that the level of child abuse and neglect of disabled children is likely under-reported, and that children with disabilities are in need of greater attention to improve child abuse prevention and protection efforts.[173]

What constitutes childhood neglect (intermittent, chronic and/or severe), and how these varying levels affect children is becoming more clearly understood.[174] From shortly after birth, the child's interaction with caregivers impacts the formation of neural connections within the developing brain. If those interactions are inconsistent, inappropriate, or absent these

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[171] Arizona Department of Health Services (2013). Arizona Health Status and Vital Statistics, Table 5E-11. Retrieved from http://www.azdhs.gov/plan/report/ahs/ahs2012/5e.htm

[172] Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers.* Washington, DC: Hudson, Lucy.

[173] Stalker, K., & McArthur, K. (2012). Child abuse, child protection and disabled children: A review of recent research. Child Abuse Review, 21(1), 24-40.

[174] Harvard University, Center on the Developing Child. (2013). InBrief: The science of neglect. Retrieved from http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_neglect/

connections can be disrupted, and later health, learning and behavior can be impacted. As with other issues affecting children, earlier identification and intervention for those experiencing neglect is key, coupled with policies and programs focused on preventing neglect before it occurs.

The Department of Health and Human Services has outlined a cross-systems approach to promoting the well-being of children who have experienced trauma.[175] The essential components of this approach include 1) periodic functional assessments of the child's well-being, 2) trauma screening to evaluate trauma symptoms and/or history, 3) an in-depth, clinical mental-health assessment, and 4) outcome measurement and progress monitoring to assess the appropriateness of services at both the individual and systems level.

CPS

In 2013, the Arizona Department of Economic Security's (DES) Division of Children, Youth and Families (DCYF) was the state-administrated child welfare services agency that oversaw Child Protective Services (CPS), the state program mandated for the protection of children alleged to be abused and neglected. This program receives, screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. CPS also provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors. On January 13, 2014, the Governor of Arizona signed an Executive Order abolishing the Arizona Department of Economic Security's (DES) Division of Children, Youth & Families (DCYF) and establishing a new cabinet level Division of Child Safety & Family Services (DCSFS) which would focus on and house the state child welfare programs, including CPS, foster care, adoption, and the Comprehensive Medical and Dental Program.[176] CPS is now known as the Department of Child Safety.

In the Southeast Maricopa Region, there was an overall 18 percent increase in the number of children removed by CPS between 2011 and 2013. This is a smaller increase than in Maricopa County (35%) and in Arizona overall (35%), and Queen Creek and Gilbert communities experienced decreases in the number of children removed by CPS during these years. Increases in removals were most pronounced in Apache Junction (32%) and Mesa (37%).

[175] Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

[176] Arizona Office of the Governor (2014). Governor Brewer's 2014 CPS Reform Package. http://azgovernor.gov/dms/upload/MA_011314_CPSReformFactSheetFAQ.pdf

Table 37. Number of children removed from their homes who were five years or younger at removal

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) REMOVED BY CPS			CHANGE 2011-2013
		2011	2012	2013	
Southeast Maricopa Region	68,473	341	396	402	+18%
Mesa	42,532	264	301	334	+27%
Gilbert	21,817	57	66	52	-9%
Queen Creek (Maricopa part)	3,935	17	25	11	-36%
Apache Junction (Maricopa part)	189	DS	DS	DS	+32%
Maricopa County	339,217	1,851	2,558	2,503	+35%
Arizona	546,609	3,176	4,231	4,293	+35%

Arizona Department of Economic Security (2014). [CPS data set]. Unpublished raw data received from the First Things First State Agency Data Request

Juvenile Justice Involvement by County

The Attorney General's National Task Force on Children Exposed to Violence[177] recommends that the Juvenile Justice System screen youth entering the system for violence-exposure and offer trauma-informed treatment as an essential component to rehabilitating these youth. In addition, they assert that juvenile justice employees need to understand that trauma changes brain chemistry in these violence-exposed youth by limiting impulse control, the understanding of consequences, and the ability to tolerate conflict.

According to the Arizona's Juvenile Court Counts summary for fiscal year 2012[178], during that year, 33,617 juveniles were referred at least once to Arizona's juvenile courts. In Maricopa County, 17,635 juveniles were referred, representing a little more than half (52%) of statewide referrals. In Maricopa County, 3,816 juveniles were detained in fiscal year 2012, about 50 percent of the number of juveniles detained across the state.

Foster Parenting

Arizona's foster parents care for approximately half of the children who have been removed from their homes in the state. In March 2013, there were 3,576 licensed foster homes throughout Arizona. Between October of 2012 and March of 2013, there was a net decrease of 18 foster homes. Previously, between April and September of 2012 there was a net increase of

[177] United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf

[178] Administrative Office of the Courts, Juvenile Justice Services Division. Arizona's Juvenile Court Counts; Statewide Statistical Information FY2012. Retrieved from http://www.azcourts.gov/Portals/29/JJSD%20Publication%20Reports/Juveniles%20Processed/Arizonas_Juvenile_Court_Counts_FY2012.pdf

252 foster homes, which was the first time since 2009 that more foster homes were opened than closed in the state.[179]

The Arizona Department of Economic Security (DES) provided data on the number of children in foster care who were removed when they were between birth and five years of age. The following table compares these numbers between communities in the Southeast Maricopa Region, Maricopa County and Arizona overall. As shown, removals of children between the ages birth through five increased between 2010 and 2012 at the regional, county and state levels.

Table 38. Number of children currently in foster care who were removed at ages 0-5[180]

GEOGRAPHY	NUMBER OF CHILDREN IN FOSTER CARE WHO WERE REMOVED AT AGES 0-5		
	2010	2011	2012
Southeast Maricopa Region	400	452	439
Mesa	330	369	333
Gilbert	63	65	86
Queen Creek (Maricopa part)	<10	17	19
Apache Junction (Maricopa part)	<10	<10	<10
Maricopa County	2,878	3,117	3,890
Arizona	4,976	5,206	6,392

Arizona Department of Economic Security (2014). [CPS data set]. Unpublished raw data received from the First Things First State Agency Data Request

In 2011, the Arizona Department of Economic Security's Division of Children, Youth and Families examined differences in the number of available foster homes and the number of removals across Arizona. Differences were calculated by subtracting the number of removals from the number of foster homes from each zip code across the state. These data indicate a shortage of foster homes in Mesa, Queen Creek, and Apache Junction. The paucity of foster homes was greatest in the Maricopa County portion of Apache Junction and the western portion of Mesa. In Gilbert, the number of foster homes actually exceeded the number of children removed by a small margin.[181]

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[179] Arizona Department of Economic Security, Child Protective Services (CPS) Oversight Committee (2013). Home Recruitment Study and Supervision. Retrieved from https://www.azdes.gov/uploadedFiles/Children_Youth_and_Families/Child_Protective_Services_%28CPS%29/CPS_Oversight_MW_FosterHomes.pdf

[180] Note: These numbers reflect only the children who were in foster care on the last day of the fiscal year who were removed between the ages of birth to five and who remained in foster care in the state of Arizona. This data does not include children who were removed and were placed in other states or children who were removed then reunited with parents or adopted between the start and end dates of one fiscal year.

[181] Arizona Department of Economic Security, Division of Children, Youth and Families. (2011). *Differences between foster homes and removals by zip code*. Retrieved from https://www.azdes.gov/uploadedFiles/ArizonaServes/CentralRegion_Differences_By_ZIPCode.pdf

A 2012 study[182] assessing Arizona foster parent's satisfaction with and likelihood to continue as a foster parent identified a number of issues affecting foster parents, including lack of support from CPS, monetary constraints from continuing budget cuts, and a desire for more social, emotional and educational support to enhance their role as a foster parent. The study authors made the following recommendations to improve the Arizona foster care system:

1) Include the foster parent as an essential part of the team
2) Provide more practical AND emotional support to foster parents
3) Pay attention to the needs and wants of foster parents (appointment times)
4) Communication training for foster parents and case managers
5) Ask what specific information foster parents want and include the information in trainings
6) Monetary support is necessary for foster parents to continue, and
7) Listen to foster parents' suggestions when enacting policy changes. (p. 8)

Incarcerated Parents

A 2011 report from the Arizona Criminal Justice Commission estimates that in Arizona, about three percent of youth under 18 have one or more incarcerated parent. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers.[183] More recent data from the Arizona Youth Survey corroborate this estimation. The Arizona Youth Survey is administered to 8th, 10th, and 12th graders in all 15 counties across Arizona every other year. In 2012, three percent of youth indicated that they currently have a parent in prison. Fifteen percent of youth indicated that one of their parents has previously been to prison. This suggests that approximately one in seven adolescents in Arizona have had an incarcerated parent at some point during their youth.[184]

In Maricopa County, approximately two percent of youth indicated that they currently had an incarcerated parent, and 13 percent indicated that they had a parent who had previously been incarcerated. This is slightly lower that the state percentages reported above.

Children with incarcerated parents represent a population of youth who are at great risk for negative developmental outcomes. Previous research demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school

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[182] Geiger, J.M., Hayes, M.J., & Lietz, C.A.(2012). Arizona foster parent study 2012. School of Social Work, Arizona State University, Phoenix, AZ.

[183] Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem.* USA. Phoenix: Statistical Analysis Center Publication.

[184] Arizona Criminal Justice Commission. (2012). *2012 Arizona Youth Survey*. Unpublished data.

behavior and performance problems than children who do not have incarcerated parents.[185] In recent studies, even when caregivers have indicated that children were coping well with a parent's incarceration, the youth expressed extensive and often secretive feelings of anger, sadness, and resentment. Children who witness their parents arrest also undergo significant trauma from experiencing that event and often develop negative attitudes regarding law enforcement.[186]

The emotional risk to very young children (aged birth through five) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress disorder, and attention deficit disorder.[187] Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so[188] and the Arizona Department of Corrections states that it endeavors to support interactions between children and incarcerated parents, as long as interactions are safe.[189] Research suggests that strong relationships with other adults is the best protection for youth against risk factors associated with having an incarcerated parent. This person can be, but does not necessarily need to be, the caregiver of the child. Youth also benefit from developing supportive relationships with other adults in their community.[190] Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents.[191]

Regional and even statewide resources for caregivers of children with incarcerated parents are scarce. The Kinship and Adoption Resource and Education (KARE) program, an Arizona Children's Association initiative, offers online informational brochures such as Arizona Family Members Behind Bars for caregivers of incarcerated parents. The Children of Incarcerated Parents Project (CIP) out of Northern Arizona University offers a booklet of questions and

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[185] Arizona Criminal Justice Commission Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem.* USA. Phoenix: Statistical Analysis Center Publication.

[186] Children of incarcerated parents (CIP). Unintended victims: a project for children of incarcerated parents and their caregivers. http://nau.edu/SBS/CCJ/Children-Incarcerated-Parents/

[187] Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children.* Retrieved from http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html.

[188] Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad.* Retrieved from http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html.

[189] Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem.* USA. Phoenix: Statistical Analysis Center Publication.

[190] La Vigne, N. G., Davies, E. & Brazzell, D. (2008). *Broken bonds: Understanding and addressing the needs of children with incarcerated parents*. Washington, DC: The Urban Institute Justice Policy Center.

[191] Dallaire, D. H. & Zeman, J. L. (2013). Empathy as a protective factor for children with incarcerated parents. *Monographs of the Society for Research in Child Development, 78*(3), 7-25.

answers for children.[192] The Children of Prisoner's Library is an online library of pamphlets designed for caregivers and health care providers of children with incarcerated parents. These resources may be downloaded for free in English or Spanish at http://fcnetwork.org/resources/library/children-of-prisoners-library.

Domestic Violence

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught up in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing their physical and emotional safety.[193] Physically abused children are at an increased risk for gang membership, criminal behavior, and violent relationships. Child witnesses of domestic violence are more likely to be involved in violent relationships.[194]

Promoting a safe home environment is key to providing a healthy start for young children. Once violence has occurred, trauma-focused interventions are recommended[195]. In order for interventions to be effective they must take the age of the child into consideration since children's developmental stage will affect how they respond to trauma. While trauma-specific services are important (those that treat the symptoms of trauma), it is vital that all the providers a child interacts with provide services in a trauma-informed manner (with knowledge of the effects of trauma to avoid re-traumatizing the child). Children exposed to violence need ongoing access to safe, reliable adults who can help them regain their sense of control.

According to the Domestic Violence Shelter Fund Annual Report for 2013, there are eleven domestic violence shelters in Maricopa County, which cumulatively served 2,650 adults and 2,667 children in 2013.

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[192] This booklet can be accessed at: http://nau.edu/uploadedFiles/Academic/SBS/CCJ/Children-Incarcerated_Parents/_Forms/Childs%20Booklet%20correct.pdf

[193] Davies, Corrie A.; Evans, Sarah E.; and DiLillo, David K., "Exposure to Domestic Violence: A Meta-Analysis of Child and Adolescent Outcomes" (2008).Faculty Publications, Department of Psychology. Paper 321. http://digitalcommons.unl.edu/psychfacpub/321

[194] United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf

[195] United States Department of Justice, National Advisory Committee on Violence against Women. (2012). Final report. Retrieved from http://www.ovw.usdoj.gov/docs/nac-rpt.pdf

Table 39. Domestic violence shelters and services provided

DOMESTIC VIOLENCE SHELTERS	POPULATION SERVED			UNITS OF SERVICE PROVIDED			
	Total Served	Adults	Children	Bed Nights	Average Length of Stay (in days)	Hours of Support Services	Hotline and I& R Calls
Autumn House- A New Leaf	193	115	78	6,620	34	969	252
Chrysalis	455	359	96	15,242	33	7,680	1,681
De Colores- Chicanos Por La Causa	343	126	217	17,525	51	8,322	459
DV STOP- A New Leaf	429	161	268	777	2	6,287	2,445
Eve's Place	233	170	63	7,627	33	5,038	529
Elim House- Salvation Army	300	74	226	15,527	52	7,240	332
Faith House- A New Leaf	70	24	46	4,074	58	1,712	94
My Sisters Place- Catholic Charities	306	121	185	8,326	27	2,483	565
New Life Center, Inc.	1,281	624	657	35,705	28	40,755	1,507
Sojourner Center	1,363	767	596	77,360	57	13,298	1,938
UMOM- Domestic Violence Shelter	344	109	235	19,980	58	1,326	127
Arizona Total	8,916	4,676	4,240	330,999	37	176,256	22,824

Arizona Department of Economic Security (2013). Domestic Violence Shelter Fund Annual Report for FY 2013. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/dv_shelter_fund_report_sfy_2013.pdf

Food Security

Food insecurity is defined as a "household-level economic and social condition of limited or uncertain access to adequate food".[196] Episodes of food insecurity are often brought on by changes in income or expenses caused by events like job loss, the birth of a child, medical emergencies, or an increase in gas prices, all of which create a shift in spending away from food.[197] Participating in the Supplemental Nutrition Assistance Program (SNAP) has been shown to decrease the percentage of families facing food insecurity in all households (10.6%) and households with children (10.1%) after six months in the SNAP program.[198]

[196] United States Department of Agriculture. Definitions of Food Security. http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#.UyDjQIVRKws

[197] United States Department of Agriculture, Food and Nutrition Service. (2013). Snap food security in-depth interview study: Final report. Retrieved from http://www.fns.usda.gov/sites/default/files/SNAPFoodSec.pdf

[198] United States Department of Agriculture, Food and Nutrition Service, Office of Policy Support. (2013). Measuring the effect of supplemental nutrition assistance program (SNAP) participation on food security executive summary. Retrieved from http://www.mathematicampr.com/publications/pdfs/Nutrition/SNAP_food_security_ES.pdf

In 2012, 18 percent of all Arizonans and 28 percent of children in Arizona experienced food insecurity.[199] In Maricopa County, these rates are slightly lower: nearly 16 percent of all residents, and 25 percent of children under 18 years of age faced food insecurity.[200]

Homelessness

In Arizona in 2013, 27,877 adults and children experienced homelessness. The population of rural counties makes up a quarter of the state population, but only nine percent of those experiencing homelessness in 2013.[201] Children are defined as homeless if they lack a fixed, regular, and adequate nighttime residence. According to this definition, 31,097 children in Arizona were reported as homeless in 2013. Almost three-quarters of these children were living temporarily with another family, with the rest residing in shelters, motels/hotels or unsheltered conditions. [202]

School districts collect data on the number of economically disadvantaged and homeless students in their schools. As defined by the Arizona Department of Education, youth at economic disadvantage includes children who are homeless, neglected, refugee, evacuees, unaccompanied youth, or have unmet needs for health, dental or other support services.

As shown in

Table 40 on the following page, the number of economically disadvantaged students is substantial in some school districts in the region: 61 percent of all students in Mesa Unified School District are economically disadvantaged, and nearly one third of students in Chandler Unified District #80 and Queen Creek Unified School District are economically disadvantaged. However, the proportion of homeless students in the region is very low, one percent for all school districts.

[199] Feeding America (2014). Map the Meal Gap, 2012. Retrieved from http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx

[200] Feeding America (2014). Map the Meal Gap, 2014: Child Food Insecurity in Arizona by County in 2012. Retrieved from http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~/media/Files/a-map-2012/AZ_AllCountiesCFI_2012.ashx

[201] Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf

[202] Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf

Table 40. Economic disadvantage and homelessness by school district

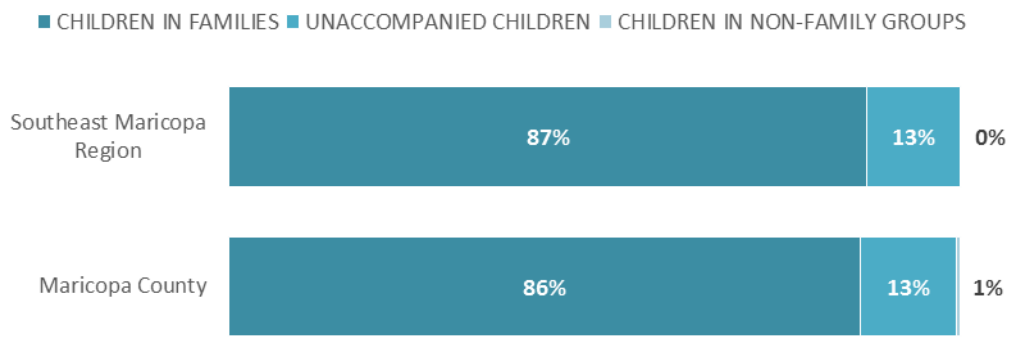
SCHOOL DISTRICT	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	ECONOMICALLY DISADVANTAGED STUDENTS		HOMELESS STUDENTS	
Chandler Unified District #80	46	22,545	7,105	32%	249	1%
Gilbert Unified District	49	19,256	173	1%	115	1%
Higley Unified School District	12	6,194	1,491	24%	51	1%
Mesa Unified District	90	36,368	22,279	61%	532	1%
Queen Creek Unified District	7	2,636	818	31%	<10	0%
All Maricopa County Schools	1049	397,842	197,543	50%	6,342	2%
All Arizona Schools	1888	610,079	311,879	51%	10,800	2%

Arizona Department of Education (2014). [Preschool and Elementary Needs data set]. Unpublished raw data received from the First Things First State Agency Data Request

Data from the Maricopa County Homeless Management Information System (HMIS) was requested for this report in order to provide information about homeless children ages birth through five in the Southeast Maricopa Region. As shown in Figure 34**,** about the same proportion (13%) of homeless children were unaccompanied in the Southeast Maricopa Region as in Maricopa County overall. The majority of homeless children in the Southeast Maricopa Region and in Maricopa County are children with families.

Table 41 on the following page shows the number of homeless children by community in the Southeast Maricopa Region. Nearly all of the homeless children recorded by HMIS were from Mesa in both 2012 and 2013, and the number of homeless children in Mesa increased by 14 percent between the two years.

Figure 34. Homeless children (0-5) in the Southeast Maricopa Region and Maricopa County (2013)



Maricopa County Homeless Management Information System (2014). [Homelessness in Maricopa County data set]. Unpublished raw data received April 2014.

Table 41. Homeless children (0-5) in the Southeast Maricopa Region by community

GEOGRAPHY	TOTAL HOMELESS CHILDREN (AGES 0-5)		CHANGE 2012-2013
	2012	2013	
Southeast Maricopa Region	112	134	+20%
Mesa	109	124	+14%
Gilbert	<10	10	DS
Queen Creek	0	0	-
Apache Junction (Maricopa part)	0	0	-
Maricopa County	909	986	+8%

Maricopa County Homeless Management Information System (2014). [Homelessness in Maricopa County data set]. Unpublished raw data received April 2014.

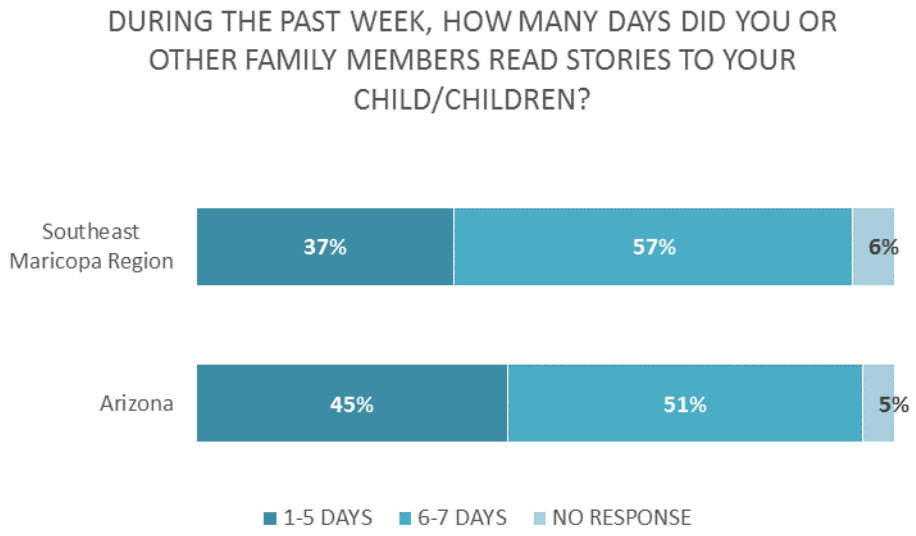
Parental Involvement

Parental involvement has been identified as a key factor in the positive growth and development of children,[203]and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus.

The First Things First Family and Community Survey data is designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The 2012 Family and Community Survey collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development. The figures on the following pages show results for the region and the state for some of these activities. Responses to all three of the items (reading stories, telling stories, and scribbling or drawing) indicate that a greater proportion of parents in the Southeast Maricopa Region are engaging in these activities with their children on a frequent basis (6-7 days a week) than in the state overall.

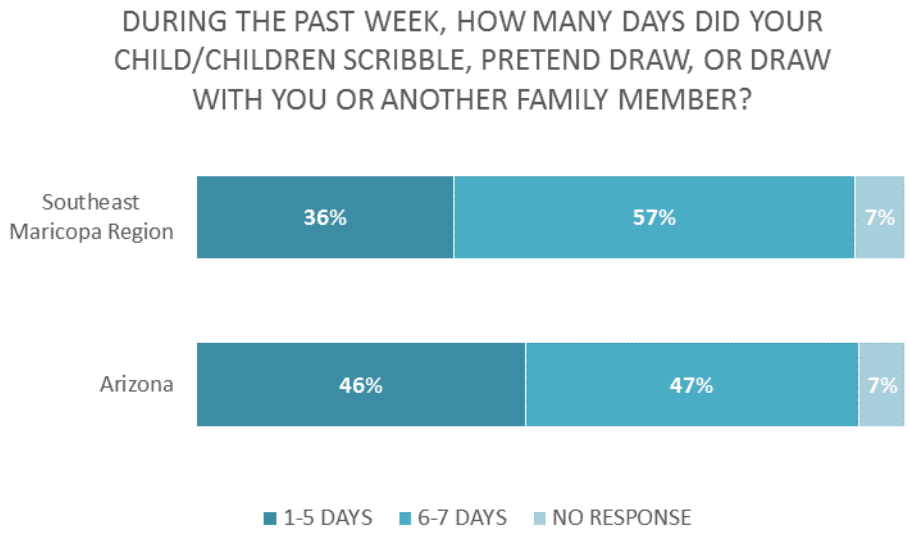
[203] Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children.* Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

Figure 35. Family & Community Survey 2012: Days reading to child



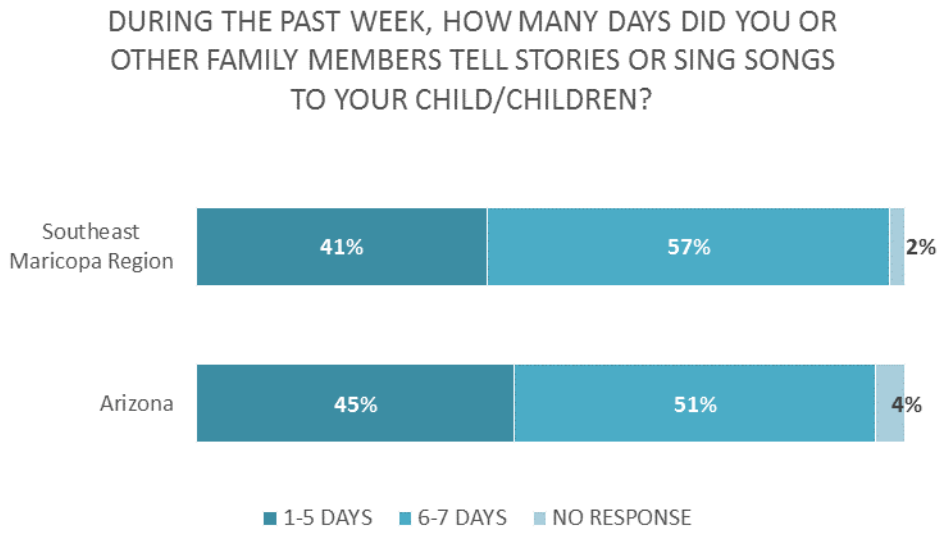
First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

Figure 36. Family & Community Survey 2012: Days drawing with child



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

Figure 37. Family & Community Survey 2012: Days telling stories to child

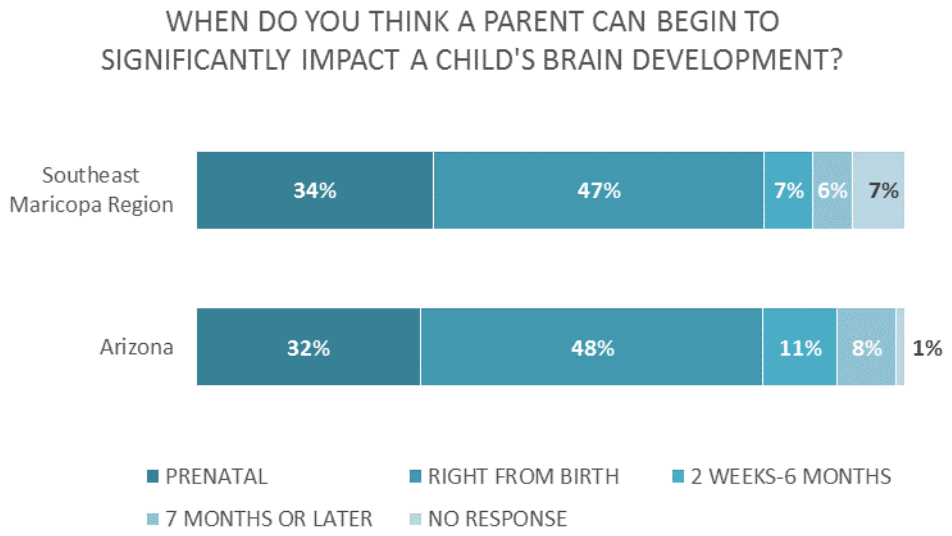


First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

Parent Education and Family Resource Centers

Parent education support and services can help parents better understand the impact that a child's early years have on their development and later readiness for school and life success. The 2012 First Things First Family and Community Survey collected data illustrating parental knowledge about healthy development. About the same proportion of respondents in the Southeast Maricopa Region show an understanding that brain development can be impacted from very early on (81% prenatally or right from birth) as respondents across the state as a whole (80% prenatally or right from birth).

Figure 38. Family & Community Survey 2012: When a parent can impact brain development



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

The Southeast Maricopa Region funds several strategies to support parent education in the region, including a Family Resource Center strategy in partnership with Lutheran Services of the Southwest. Additionally, parent education community-based training is funded through the Arizona Children's Association. The Arizona Children's Association houses the New Directions Institute for Infant Brain Development, which provides parents and caregivers of young children education about brain development.[204]

Teen Parenting

As previously described, teenage parenthood is associated with a range of negative health outcomes for mother and baby alike, as well as socioeconomic challenges and barriers to educational achievement for teen mothers and their children. In the Southeast Maricopa Region, there are a few programs specifically designed to support pregnant adolescents. Banner Desert Medical Center offers a program called Pregnancy and Teen Health (PATH) based in Mesa, which provides women 21 and younger with a variety of prenatal and perinatal services including scheduling prenatal care visits, registering for child group classes, support groups, and assistance with selecting a pediatrician.[205] Teen Outreach Pregnancy Services (TOPS) provides support groups, childbirth classes for teenagers, and education to teens on subjects related to

[204] *Arizona Children's Association*. Parenting education: New Directions Institute for Infant Brain Development. Retrieved from http://www.arizonaschildren.org/our-services/parenting-education.

[205] For more information, visit: http://www.bannerhealth.com/Locations/Arizona/Banner+Desert+Medical+Center/Programs+and+Services/Women+Services/Pregnancy+and+Teen+Health+PATH.htm

pregnancy and parenting. TOPS is located in Mesa, and additionally provides services at Adelante WIC in Queen Creek.[206] In addition, Planned Parenthood, a national organization which provides health care, support, and education to pregnant women of all ages has an office in Mesa. [207]

Home Visitation Programs

Home visitation programs offer a variety of family-focused services to pregnant mothers and families with new babies as well as young children with risk factors for child abuse or neglect, with the goal of improving child health and developmental outcomes and preventing child abuse. They address issues such as maternal and child health, positive parenting practices, encouraging literacy, safe home environments, and access to services. They can also provide referrals for well child checks and immunizations, developmental screenings, and information and resources about learning activities for families.

A systematic review conducted by the non-federal Task Force on Community Preventive Services found that early childhood home visitation results in a 40% reduction in episodes of abuse and neglect. Not all programs were equally effective; those aimed at high-risk families, lasting two years or longer, and conducted by professionals (as opposed to trained paraprofessionals) were more successful.[208]

The Southeast Maricopa Region funds a home visitation strategy in coordination with several service providers: the Arizona Department of Economic Security, the Arizona Partnership for Children, L.L.P., Chicanos Por La Causa, Child Crisis Center, and Southwest Human Development. This strategy provides voluntary in-home services for the families of infants and young children. Through home visitation, families are connected to resources that support health, development, and early learning. Families also receive information about child development, health, nutrition, literacy, and parenting skills.

[206] For more information, visit: http://www.teenoutreachaz.org/

[207] For more information, please visit: http://www.plannedparenthood.org/

[208] Centers for Disease Control and Prevention. First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation and firearms laws. Findings from the Task Force on Community Preventive Services. MMWR 2003; 52(No. RR-14):1-9.

Public Awareness and System Coordination

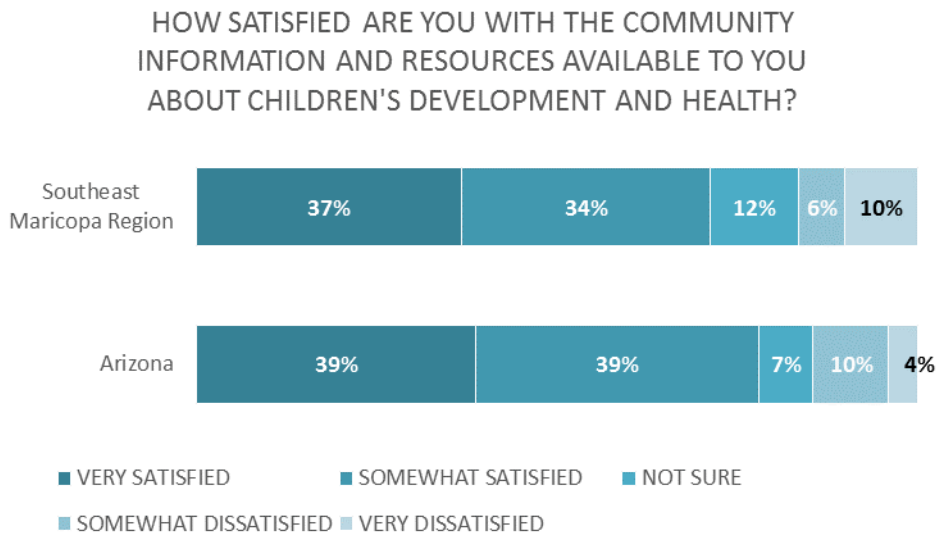
The primary quantitative data source for Public Awareness in the region is the 2012 First Things First Family and Community Survey (FCS) (First Things First, 2012).

Data from the 2012 First Things First Family and Community Survey

The 2012 First Things First Family and Community Survey collected data about respondents' level of satisfaction with the resources, accessibility, and coordination of services in their area.

A little less than three quarters (71%) of respondents in the Southeast Maricopa Region indicated being very or somewhat satisfied with the information and resources available to them about children's health and development. This is lower than the proportion for Arizona overall, 78 percent.

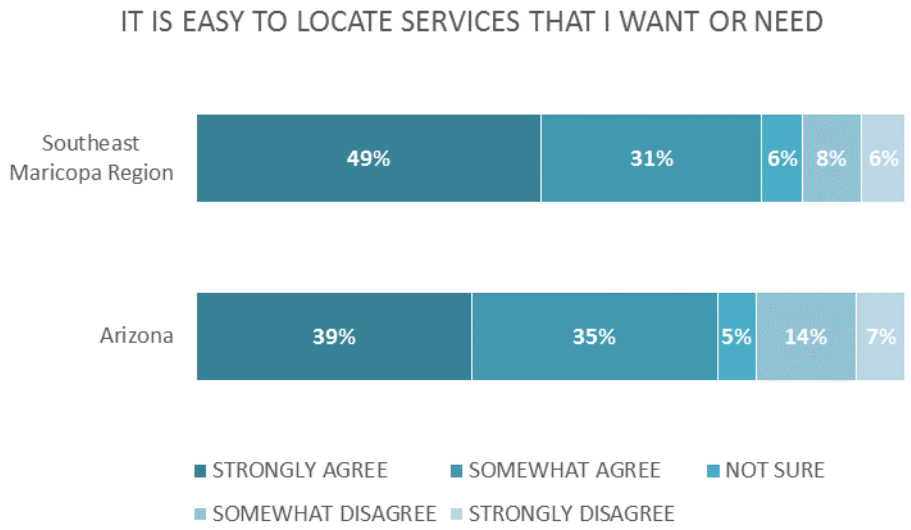
Figure 39. Family & Community Survey 2012: Satisfaction with information and resources



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

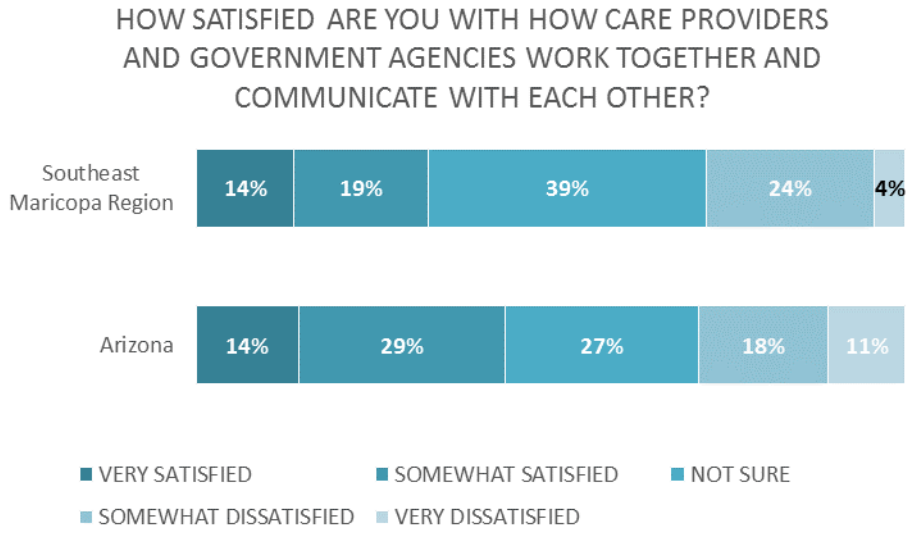
Most respondents in the Southeast Maricopa Region (80%) agreed with the statement, "It is easy to locate services that I want or need." This is a higher proportion than in the state of Arizona overall (74%) (see Figure 40 on the following page).

Figure 40. Family & Community Survey 2012: Ease of locating services



When asked to rate their level of satisfaction with the coordination between care providers and how government agencies work and communicate with one another, only one third (33%) of Southeast Maricopa respondents indicated being satisfied (a combination of "somewhat satisfied" and "very satisfied"). This is lower than the state level, 43 percent.

Figure 41. Family & Community Survey 2012: Satisfaction with coordination and communication



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

Overall, respondents to the 2012 First Things First Family and Community Survey in the Southeast Maricopa Region indicate satisfaction with the ability to locate the services that they need. However, they are less satisfied with the information and resources available to them about children's health and development, and are somewhat unsatisfied with the coordination

and communication among service providers. The wide range of available services and programs is a strong asset to the Southeast Maricopa Region. These data suggest that improving the communication of information to families and the coordination between services overall could strengthen the early childhood system in the Southeast Maricopa Region.

Coordination and Collaboration in the Southeast Maricopa Region and Maricopa County

Key informants interviewed for the First Things First East Maricopa Regional Needs and Assets Report emphasized enhanced system coordination as a salient need throughout Maricopa County. Many families in Maricopa County are mobile, moving between communities (and often First Things First regions) in order to find cheaper rent, begin a new job, change school districts, or move closer to other family members. Key informants reported that families often struggle to maintain service continuity when they move, as services funded in one First Things First Region are not always funded by First Things First Regions elsewhere in Maricopa County. Key informants said that it can be difficult for a family to find out what services are available in their new community. Therefore, improving coordination and collaboration between services across regions was identified by key informants as a high priority for strengthening the early childhood system in Maricopa County.

First Things First and other organizations across Maricopa County are seeking to respond to the need for increased coordination. The Maricopa Family Support Alliance was formed in April 2011 by First Things First and the Virginia G. Piper Charitable Trust with the goal of uniting and coordinating the efforts of family service providers. The Alliance is a member of the National Network of Family Support and Strengthening Networks and a partner of Strong Families AZ (a network of home visitation programs). Additionally, the Alliance has partnered with Find Help Phoenix (Maricopa County Department of Public Health) to support an online resource for identifying services in communities across the county through the website FindHelpPhx.com. As of June 2014, the Alliance listed 45 member organizations, agencies, and providers on its website. The Alliance lists four goal areas, and each has a subcommittee responsible for overseeing its implementation:[209]

- Increase knowledge about family support services and build capacity among the Alliance member agencies.
- Improve access to family support services through collaborative outreach, intake and referral processes.
- Enhance the quality and responsiveness of family support services by adopting and promoting the implementation of family support practice standards.

[209] Maricopa Family Support Alliance. Retrieved from http://maricopafamilysupportalliance.org/

- Provide current, relevant information regarding the wellbeing of families in Maricopa County, assets available, and strategic mapping to inform all Alliance member agencies.

Additionally, recent coordination efforts by First Things First seek to build upon the wide scope of programming funded by First Things First in Maricopa County. The Family Resource Network is a collaboration of 30 First Things First funded Family Resource Centers located throughout Maricopa County.[210] Begun in 2011, the network meets monthly and has the following primary goals:

- Increase awareness and availability of services for families and children.
- Improve service delivery to adequately address the needs of families.
- Build capacity throughout the regions to deliver highly effective and efficient family resource centers services.
- Share expertise and training resources.
- Foster a learning community across community organizations, health clinics, public entities and other groups.

Activities of the Family Resource Network to date include adopting a mission, vision and guiding principles, identifying professional development priorities, establishing a website and online learning community, and partnering with the Maricopa County Department of Public Health and the Family Support Alliance to support an online resource database.

Coordination in the region has also taken place around the topic of health and health care. The Health Improvement Partnership of Maricopa County is a collaborative effort between the Maricopa County Department of Public Health and more than 60 public and private organizations addressing priority health issues through the 2012-2017 Community Health Improvement Plan.[211] These organizations work together towards improving health status, outcomes and access in four domains; Worksites, Community, Education and Healthcare.

The Build Initiative

The BUILD Initiative[212] is a nationwide effort that helps states create comprehensive early childhood systems with programs, services and policies that address children's health, mental health and nutrition, early care and education, family support, and early intervention. Arizona is one of 10 BUILD state partners, which receive funding and technical support to develop or improve early childhood services, programs and systems, and identify and assess measurable

[210] Information provided through personal correspondence

[211] Arizona Health Matters (2014). Health Improvement Partnership of Maricopa County. http://www.arizonahealthmatters.org/index.php?module=htmlpages&func=display&pid=5007

[212] http://www.buildinitiative.org/Home.aspx

outcomes of this work. In Arizona, the BUILD Arizona Steering Committee is working to identify priorities across five workgroups; Communications, Early Learning, Professional Development, Health and Early Grade Success.[213] This work to date has resulted in the Build Arizona: Strategic Blueprint[214], which outlines suggested key priorities for the early childhood system in Arizona for 2013-2016. These priorities are listed below.

Under *Policy Research and Development*:

- Expand access to high quality, voluntary preschool for three and four year olds;
- Assess current capacity for high quality, voluntary full day Kindergarten;
- Maintain and expand research-based home visiting programs in Arizona as a core element of a statewide early intervention program.

Under *Coordination and Convening Leadership/Support*:

- Implement and expand the Statewide Early Childhood (0-8) Professional Development System Strategic Plan;
- Convene stakeholders on early childhood nutrition, wellness and obesity prevention to identify linkages and connections to create a more integrated statewide strategy;
- Participate in state-level partnership to enhance the screening, referral and early intervention system.

Under *System Enhancement/Alignment*:

- Utilizing a collective impact model, continue to assess and map system capacity, identify gaps and opportunities for alignment and leadership roles, and further strengthen the Arizona early childhood system.

FTF Capacity Building Initiative

In August 2012, FTF awarded the Alliance of Arizona Nonprofits a statewide capacity building planning grant to: 1) identify internal and external factors that hinder agencies from successfully accessing or utilizing FTF monies, 2) develop relevant, culturally appropriate, and best-practice strategies for enhancing capacities within and among these agencies, and 3) increase the number of nonprofits with the capacity to apply for, receive and implement FTF grants.

The implementation phase of this project was awarded to the same organization in July 2013. The goal of this phase was to provide targeted capacity building services and technical

[213] Build Initiative (2014). Arizona state profile. Retrieved from http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf

[214] Build Arizona (2013). Build Arizona strategic blueprint. Retrieved from http://buildaz.files.wordpress.com/2013/10/build-arizona-blueprint.pdf

assistance to early childhood providers throughout the state in order to: 1) increase understanding of the mission, goals, local governance structure and contractual requirements of FTF; 2) explore the potential pathways for participating in the FTF system; and 3) identify and increase the capacities necessary for successful partnership with FTF and/or other major funders. In this second phase, participating agencies will be paired with a qualified consultant who will assist agency leaders in designing a capacity building action plan customized to the capacity needs of each enrolled organization, delivering the corresponding technical assistance services, and providing ongoing guidance and coaching as staff determines and initiates strategies deemed most feasible and relative to available resources and buy-in from staff, board and clients. This process was slated to continue through June 2014.

Summary and Conclusion

This needs and assets report is the fourth biennial assessment of early education, health, and family support in the Southeast Maricopa Region. In addition to providing an overview of the region, this report looks more closely at some of the community-level variation within it.

It is clear that the region has substantial strengths. There are a wide range of services and programs available to families with young children in the region, and parents are generally aware of the availability of these services. Other regional strengths include multiple and active efforts to provide access to education and professional development for the early childhood workforce, and to retain early childhood professionals in the field. The region also benefits from the relatively low rates of poverty, well-performing school districts and high rates of parental education in most of the communities. A table containing a full summary of these and other regional assets can be found in **Appendix 1**.

However, there continue to be substantial challenges to fully serving the needs of young children throughout the region. Importantly, there is considerable variation across communities comprising the region, with the greatest needs concentrated in the Maricopa portion of Apache Junction and Mesa. A table containing a full summary of identified regional challenges can be found in **Appendix 2**. Many of these have been recognized as ongoing issues by the Southeast Maricopa Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region:

- **A need for affordable, high quality and accessible child care** – The capacity of early care and education slots available compared to the number of young children in the region, as well as data about the affordability of child care suggest that there may be a shortage of high quality, affordable and accessible early educational opportunities in some parts of the region. Securing affordable infant and toddler care may be particularly challenging in the region. Quality First Scholarships will continue to be funded by the Southeast Maricopa Region in order to address the need for affordable early childhood education. Quality First Coaching & Incentives will also be funded to continue to improve the quality of early care and education in the region.
- **The need for accessible oral health care for young children** – Parents in the region note a lack of access to oral health care for young children. The First Things First Southeast Maricopa Region has an Oral Health strategy contracted through Dignity Healthy Foundation (East Valley). This strategy provides oral health screenings and fluoride varnish in community-based settings, offers outreach to dentists to encourage service to very young children, and educates families on the importance of oral health care for young children.
- **The need for accessible and regular health care for young children** – Although there are a number of medical providers in the Southeast Maricopa Region including many

hospitals and urgent care centers, data from the Arizona Department of Health Services indicates a high ratio of population to primary care providers in Mesa and Queen Creek. Apache Junction has been designated as a Health Professional Shortage Areas (HPSA) and a Federal Medically Underserved Area. The Southeast Maricopa Region supports a Care Coordination/Medical Home strategy, which helps connect young children and their families to appropriate, coordinated health care to assure that young children have a regular source of medical care. The region also includes funding for Quality First Child Care Health Consultation services and a Child Health Warmline.

A table of Southeast Maricopa Regional Partnership Council funded strategies for fiscal year 2015 is provided in **Appendix 3**.

This report also highlighted some additional needs that could be considered as targets by stakeholders in the region:

- **Varying levels of economic disadvantage** – Variability in the region is particularly evident when examining income indicators. Child poverty rates in Mesa (25%) and in the Maricopa County portion of Apache Junction (36%) are higher than the region as a whole. Children in these communities are likely to particularly benefit from early education opportunities and family support services. In addition, children in Apache Junction are also more likely to live with grandparents, and these families may have unique financial and child care and resource related needs. The Apache Junction community may benefit from resources designed specifically for grandparents raising their grandchildren—particularly because it is also the community with the lowest percentage of young children, and thus may have fewer early childhood resources and less community awareness around early childhood issues.
- **Health insurance coverage for children** – The estimated percent of young children who are uninsured in the region is comparable to the state, and slightly higher than the county. Insurance seems to be the biggest challenge in Mesa, where an estimated 18 percent of the total population and an estimated 12 percent of children ages birth through five are uninsured. Mesa also has the highest percentage of children living with foreign-born parents in the region. These parents may be more likely to be out of work or hold jobs without health insurance benefits. Therefore, access to health care may be a particular challenge despite the considerable health care resources in the region.
- **Connecting more families with early education opportunities** – A low proportion of young children are estimated to be enrolled in early education settings in some communities in the Southeast Maricopa Region such as the Maricopa portion of Apache Junction. Leveraging existing strategies (such as family resource centers and home visitation) to connect more families with early education opportunities and available scholarships may be helpful to families. For families that prefer or need to use friend

and family care, education and hands-on opportunities for parents and caregivers to learn about early childhood enrichment, health and safety can be beneficial.

- **The need for additional resources for children with special needs** – Data about the number of elementary school children enrolled in special education indicate that a greater proportion of children in the Southeast Maricopa Region are enrolled in special education than in Maricopa County overall. This suggests that there may be a number of children in the region who would benefit from early special education and/or early intervention services.
- **Supports and resources for foster parents** – Data collected for this report indicate that CPS removals have increased in the region as they did in the state and county. This could indicate a greater need for better identification and protection of children at risk for maltreatment. Three communities have also experienced foster care placement shortages. Efforts to understand barriers for recruiting foster parents, and to find ways to connect foster parents with resources are likely to be important first steps in addressing this shortage.

Successfully addressing the needs outlined in this report will require the continued concentrated effort of collaboration among First Things First and other state agencies, the Southeast Maricopa Regional Partnership Council and staff, local providers, and other community stakeholders in the region. Families with young children are drawn to the Southeast Maricopa Region for the numerous opportunities that are potentially available to residents. Continued collaborative efforts have the long-term potential to make these opportunities available to more families across the Southeast Maricopa Region.

Appendix 1. Table of Regional Assets

First Things First Southeast Maricopa Regional Assets
A variety of opportunities are available to families with young children, including many services and non-profit organizations whose goals are supporting, educating, and improving the health and well-being of families.
Numerous professional development opportunities for early childhood professionals are available through Arizona State University as well as community colleges within and proximal to the region.
TEACH scholarships funded by the Southeast Maricopa Region enable more early childhood professionals to take advantage of professional development opportunities.
A high percentage of pregnant women receive early prenatal care in the region.
There are strong community perceptions of availability of and access to information and services about young children's health and development.
There are high levels of parental involvement in activities to promote early learning.
The First Things First Southeast Maricopa Region funds a variety of strategies which support and benefit families throughout the region, including (but not limited to) an Oral Health strategy, a Care Coordination/Medical Home strategy and Family Resource Centers.
There are ongoing efforts to improve system coordination in the region and in Maricopa County, which, if successful, may improve collaboration among providers and the quality of coordinated care available to families in the region in the long run.

Appendix 2. Table of Regional Challenges

First Things First Southeast Maricopa Regional Challenges
The recent rapid increases in the population of young children in the Southeast Maricopa Region and projected increase in births in Maricopa County will likely lead to an increased demand for services and resources for young children and their families in the coming years.
Although the proportion of children living in a grandparent's household in the region is equivalent to the county and state, these percentages are much higher in the Maricopa portion of Apache Junction, suggesting a need for services that support grandparents in these communities.
The estimated percent of young children living in poverty vary markedly across communities in the region, and other economic data indicate pockets of economic need throughout the region.
A low proportion of children ages three and four are estimated to be enrolled in early education opportunities in some communities in the region.
Data about the cost of child care by percent of median family income suggest that access to affordable child care may be a barrier to accessing quality early care and education for families in the region, especially infant and toddler care.
Some communities in the region, especially Mesa, include many children without health insurance.
Two communities in the region (Mesa and Queen Creek) have population to primary care provider ratios above state and county ratios, and Apache Junction is designated as a Health Professional Shortage Areas and a Federal Medically Underserved Area.
There is a shortage of foster parents in three communities the region.
Caregivers in the community report lower levels of satisfaction with services available for young children than state and county levels.

Appendix 3. Table of Regional Strategies, FY 2015

Southeast Maricopa Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
Goal Area	**Strategy**	**Strategy Description**
Quality and Access	Quality First	Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.
	Quality First Scholarships	Provides scholarships to children to attend quality early care and education programs. Helps low-income families afford a better educational beginning for their children. Provides scholarships to quality preschool programs in a variety of settings to allow programs to serve more children. Increases the number of 3- and 4-year olds enrolled in high quality preschool programs that prepare them to succeed in kindergarten and beyond.
	Family, Friends, and Neighbors	Supports provided to family, friend and neighbor caregivers include training and financial resources. Improves the quality of care and education that children receive in unregulated child care homes.
	Kindergarten Transition	*Strategy is currently in pilot stage.*
Professional Development	Scholarships TEACH	Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger.
	FTF Professional Reward$	Improves retention of early care and education teachers through financial incentives. Keeps the best teachers with our youngest kids by rewarding longevity and continuous improvement of their skills.
	Director Mentoring/Training	Provides education, mentoring and training to early care and education directors. Increases the efficiency of the early care and education system by building the leadership and business skills of its administrators.
Family Support	Home Visitation	Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early

Southeast Maricopa Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
Goal Area	**Strategy**	**Strategy Description**
		physical and social development, literacy, health and nutrition. Connect families to resources to support their child's health and early learning. Gives young children stronger, more supportive relationships with their parents through in-home services on a variety of topics, including parenting skills, early childhood development, literacy, etc. Connects parents with community resources to help them better support their child's health and early learning. Conducts developmental, hearing, and vision screenings.
	Parent Education Community-Based Training	Provides families with education, materials and connections to resources and activities that promote healthy development and school readiness. Improves child development by educating parents and connecting them to resources and activities that promote healthy growth and school readiness.
	Family Resource Centers	Provides local resource centers that offer training and educational opportunities, resources, and links to other services for healthy child development. Strengthens families of young children by providing locally-based information and instruction on health and child development issues.
	Food Security	Distribute food boxes and basic necessity items to families in need of assistance who have children birth to 5 years old. Improves the health and nutrition of children 5 and younger and their families.
Health / Mental Health	Child Care Health Consultation	Provides qualified health professionals who assist child care providers in achieving high standards related to health and safety for the children in their care. Improves the health and safety of children in a variety of child care settings.
	Oral Health	Provides oral health screenings and fluoride varnish in a variety of community-based settings; provides training to families on the importance of oral health care for their children; and provides outreach to dentists to encourage

Southeast Maricopa Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
Goal Area	**Strategy**	**Strategy Description**
		service to children for a first dental visit by age one. Decreases preventable oral health problems in young children.
	Mental Health Consultation	Provides mental health consultation to teachers and caregivers, and tuition reimbursement to support professional development to increase capacity of workforce. Helps child care staff and early childhood programs to support the social-emotional development of young children.
	Care Coordination/Medical Home	Provides qualified health professionals who assist child care providers in achieving high standards related to health and safety for the children in their care. Improves the health and safety of children in a variety of child care settings. Conducts developmental, hearing, and vision screenings. Provides health insurance enrollment assistance.
Evaluation	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.
Coordination	Service Coordination	Through coordination and collaboration efforts, improves and streamlines processes including applications, service qualifications, service delivery and follow-up for families with young children. Reduces confusion and duplication for service providers and families. Strengthens and improves the coordination of services and programs for children 5 and younger.
Community Outreach	Community Awareness	Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.
	Media	Increases public awareness of the importance of early

Southeast Maricopa Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
Goal Area	**Strategy**	**Strategy Description**
		childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site.
	Community Outreach	Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.

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